

# **COMMUNITY HEALTH 1970**

**HUNTINGDON AND PETERBOROUGH COUNTY COUNCIL**





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Report of the County Medical Officer and Principal School

Medical Officer for the year 1970

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# COUNTY OF HUNTINGDON AND PETERBOROUGH

## Health Committee

### *Chairman*

County Alderman K.C. Archer

### *Vice-Chairman*

County Councillor J.W. Taylor

The Chairman of the Council	- County Alderman The Right Hon. Lord Hemingford	)	
The Vice-Chairman of the Council	- County Councillor J.R. Horrell, T.D.	)	ex officio
The Chairman of the Finance Committee	- County Alderman J.R.D. Huckle	)	

### *County Aldermen:*

T.H. Burgess

Mrs. A. Philpot, O.B.E.

### *County Councillors:*

W.B. Carter	J.J. Pearlson
G.C. Chestnev	E.A.M. Sack
E.G. Childs, M.B.E.	Mrs. B.M.J. Shepherd
S.E.K. Falconer	Dr. H.M. Weaver, M.B., Ch.B.
Mrs. A.M. Gibbins	Rev. G.W. Whitlock
S.B. King	A. Wright

### *Co-opted Members:*

One Representative of the Health Executive Council: Dr. F.R. Dansie

Two Representatives of the Local Medical Committee

Dr. I.G. Mowat, Dr. M. Thomas

## Mental Health Sub-Committee

### *Chairman:*

County Councillor F.A.M. Sack

The Chairman and Vice-Chairman of the County Council = ex-officio  
The Chairman and Vice-Chairman of the Health Committee = ex-officio

### *County Alderman:*

Mrs. A. Philpot, O.B.E.

### *County Councillors:*

G.C. Chestnev

Dr. H.M. Weaver, M.B., Ch.B.

Mrs. B.M.J. Shepherd

Rev. G.W. Whitlock

J.W. Taylor

### *Co-opted Members:*

Mrs. S. Shepherd

(representing Peterborough and District Society for  
Mentally Handicapped Children)

Mrs. E.E. Walkey (Died 25.11.70.)

(representing St. Ives and District Society for  
Mentally Handicapped Children)

## Education Committee

The Chairman of the Council )

The Vice-Chairman of the Council ) ex-officio

The Chairman of the Finance Committee )

### *Chairman:*

Alderman Dr. J. Hunt

### *Vice-Chairman:*

Alderman G.H. Johnson

### *Aldermen:*

Aplin, R.G.

Earl, G.A.

Blake, A.W.

Hoefkens, R.F.

Burgess, T.H.

Slaughter, F.C.

*Councillors:*

Bailes, Mrs. N.  
 Bigham, W.G.  
 Childs, F.G., M.B.E.  
 Clements, A.W.  
 Collinson, E.  
 Ferguson, Mrs. M.  
 Gibbins, Mrs. A.M.  
 Grindley, W.

Harrison, D., V.R.D.  
 James, E.J.  
 O' Neill, B.J.  
 Palmer, D.F.  
 Price, Mrs. W.M.  
 Robinson, D.V.  
 Stedman, Mrs. P., O.B.E.  
 Titman, E.E.

*Co-opted Members:*

Band, Councillor R.D.E.  
 Cox, The Rev. J.G.  
 Evre, G.A.  
 Edwards, T.A.  
 Foster, Alderman G.A.  
 Lloyd, G.

Howland, R.L.  
 Lewis, C.H., M.B.E.  
 Simmons, The Rev. W.J.  
 Taylor, A.H.  
 Wace, Rev. H.  
 Whitlock, The Rev. G.W.  
 Winfrey, R.J.

**Schools Sub-Committee**

The Chairman of the Council	)
The Vice-Chairman of the Council	)
The Chairman of the Education Committee	) ex-officio
The Vice-Chairman of the Education Committee	)

*Chairman:*

Horrell, J.R., T.D.

*Vice-Chairman:*

Collinson, E

*Aldermen:*

Aplin, R.G.  
 Blake, A.W.  
 Burgess, T.H.

Earl, G.A.  
 Hoefkens, R.F.

*Councillors:*

Bailes, Mrs. N.  
 Bigham, W.G.  
 Ferguson, Mrs. M.  
 Gibbins, Mrs. A.M.  
 James, E.I.

Palmer, D.F.  
 Price, Mrs. W.M.  
 Robinson, D.V.  
 Stedman, Mrs. P., O.B.E.  
 Titman, E.E.

*Co-opted Members:*

Band, Councillor R.D. (City)  
 Cox, Rev. J.G.  
 Edwards, T.A.  
 Frost, B.L.

Howland, R.L.  
 Lewis, C.H.  
 Wace, Rev. H.  
 Whitlock, Rev. G.W.

# STAFF - COUNTY HEALTH SERVICES

*County Medical Officer and Principal School Medical Officer:*

George Nisbet, M.B., Ch.B., D.P.H.

*Deputy County Medical Officer and Deputy Principal School Medical Officer:*

Jean D. McKellar, M.B., B.S. (Retired 30.6.1970)

*Deputy County Medical Officer, Deputy Principal School Medical Officer  
and Medical Officer of Health of County Districts:*

James Caldwell, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H. (From 1.7.1970)

*Medical Officers in Department, School Medical Officers and  
Medical Officers of Health of County Districts:*

James Caldwell, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H. (To 30.6.1970)

Philip V. Cant, M.B., Ch.B., D.P.H.

John B. Stafford, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.  
(Resigned 31.3.1970)

*Medical Officers in Department and School Medical Officers:*

Marjorie I. Kemp, M.B., Ch.B.

Barbara D. Wilberforce, M.B., Ch.B., M.R.C.S., L.R.C.P.

## *Consultants:*

*Honorary Consultant Adviser in Mental Subnormality:*

Glyn E. Roberts, M.B., B.Ch., D.P.M.

*Chest Physicians (part-time):*

C.E.P. Downes, M.R.C.P.

G.B. Royce, B.S., M.B., Ch.B.

*Ophthalmic Surgeon:*

D. Wilson Taylor, M.B., Ch.B.

*Orthopaedic Surgeon:*

T.H. Dockrell, M.B., F.R.C.S.I. (Died 4.1.1970)

*Child Psychiatrists:*

R.E. Glennie, M.B., D.C.H., D.P.M. (Died July, 1970)

A. Gage, M.B., Ch.B., D.P.M.

B.F. Whitehead, M.A., M.B., B.Chir., D.P.M.



*Principal Dental Officer:*

I.O. Pinkham, B.D.S., L.D.S., R.C.S. Eng.

*Associate Principal Dental Officer:*

A.E. Hurford, B.D.S., V.R.D.

*School Dental Officer (part-time):*

J.R. Toller, L.D.S. Eng., M.S.D. (Commenced 5.5.1970)

*Orthodontist (part-time):*

E.D. Fulstow, B.D.S., D.Orth., F.D.S.R.C.S. Eng. (Commenced 10.9.1970)

*Inspector under the Food and Drugs Act:*

J.M. Warren, M.I.W.M.A., M.I.S.A.A.

*Ambulance Officer:*

J.C. Maxwell

*Orthopaedic Physiotherapist:*

Miss S.A. Sherwood, S.R.P., M.C.S.P., O.N.C.

*Speech Therapists:*

Mrs. B.M. Brooks, L.C.S.T. (part-time) (Commenced 20.4.1970)

Miss S.F. Cullingford, L.C.S.T. (Commenced 5.1.1970)

Mrs. E.A. Golding, L.C.S.T. (part-time)

Mrs. M.J. Lincoln, L.C.S.T.

*Domestic Help Organiser:*

Mrs. G.L. Pentelow

*Assistant Domestic Help Organiser (part-time):*

Mrs. J.F. Leaman

*Welfare Workers for the Care of the Unmarried Mother:*

Miss E.L. Rayner

Mrs. W. Taylor

*Mental Welfare Officers:*

J. Collins, R.M.N. (Commenced 19.1.1970)

R.L. French

F. Olsen, R.M.N., Dip. Soc. Stud. (Lond. Univ.)

*Principal Nursing Officer:*

Miss K.V. Selby S.R.N., S.C.M., M.T.D., H.V. Cert.

*Superintendent Nursing Officer for Midwifery and Home Nursing:*

Miss A. Bullen, S.R.N., S.C.M., M.T.D. (Commenced 1.6.1970)

*Chief Administrative Assistant:*

R.E. Killick (Retired 30.5.1970)

A.V. Barnard, D.M.A., M.I.L.G.A. (Commenced 1.7.1970)

To the Chairman and Members  
of the Huntingdon and Peterborough County Council.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present my sixth Annual Report on the state of the Public Health and on the School Health Service of the County of Huntingdon and Peterborough for the year 1970.

The statistics within are for the whole County, including those for the City of Peterborough, which, being a District with certain delegated functions, has furnished the necessary returns.

Only three infectious diseases show any major incidence in the County, namely measles, infective jaundice and dysentery. Though again not a "measles year" we had just as many cases of measles, in spite of a measles vaccination campaign. The scatter of cases is very surprising, however. In spite of notification of the disease being compulsory on Doctors and householders, certain Districts seem to have escaped the disease completely, for example, while in 1968 St. Ives Borough had only one case of measles, in 1969, 8 cases, this year there were 58 cases, and, as I say, in spite of quite considerable vaccination programmes. Too, in 1970 the Urban District of St. Neots had 40 cases of measles, though the Rural District around it, had only 3 cases. It can only be hoped that there will be some marked reduction in the incidence in 1971.

Infective jaundice, on which I commented last year, when we had 91 cases notified and when the incidence of such worried us, has increased in that during this last year we have had 216 cases. This really is disturbing. Every case has been studied and even yet we can find no definite connection between cases, no definite method of spread, no common factor. The incidence has been discussed by all those within the County working in the public health field along with those working in the Public Health Laboratory Service, but again we are no further in elucidating how to control this very debilitating infectious disease, in this area. Most disturbing is the greater increase in the notifications from the City of Peterborough from 16 in 1969 to 141 in 1970.

The incidence of dysentery can only be combated with better hygiene in the production and handling of food, combated too, only by health education measures combined with strict attention to personal hygiene, especially the washing of hands after a visit to the toilet in everyone associated with the preparation of food.

The B.C.G. Vaccination campaign continues. All children whose parents give consent are tuberculin tested at the age of eleven and all negative reactors are offered the vaccination. Very tragically, we still have 18 cases of respiratory tuberculosis notified, and in spite of tuberculin testing of cattle and pasteurisation of all milk other than that still sold as untreated, 11 cases of tuberculosis other than respiratory occurred. How much this incidence can be associated with foreign travel or the import of products from foreign countries might be worth assaying.

The scheme of attachments of Local Health Authority nursing staff to all general practitioners in the County area, continues, and, as I have previously stated, the use which is made of these attachments varies widely. Progress has been dramatic in certain practices, where the attached health visitor, working from the practice premises, undertakes immunisation sessions, carries out a cytology clinic, routinely sees elderly people, taking blood pressure readings, urine testing and other simple screening methods, and conducts a diet clinic advising on obesity, diabetes, infant feeding, etc. There is quite definitely a better understanding of the work of the Local Health Authority and its preventive services by the general practitioners, in addition to the main object, which is, of course, improving patient care and making the most effective use of medical and nursing skills.

It is pleasing to note that the interest in health centres within the County continues, and currently the first temporary health centre at Westwood, sited near the proposed expansion area of Peterborough, is in operation, and schemes for the first township, Bretton, are nearly completed and at Yaxley and Ramsey are being discussed. It is hoped that the scheme, which had gone out even as far as tendering stage, at Godmanchester will be renewed.

In-service training days continue to be held, again with attendances of over 200 varying throughout the day as our own nurses and nurses from neighbouring Authorities find it possible to attend. These have proved most popular, and local consultants, Mr. D. Felton, Obstetrician; Dr. B.F. Whitehead, Child Psychiatrist; Mr. A.J. Lyne, Ophthalmic Surgeon; presented papers,

while members of the Local Authority staff, for example, Mr. I.O. Pinkham, Dental Officer; Mr. R.B.W. Moore, Educational Psychologist; Miss S.A. Sherwood, County Physiotherapist; and myself, have all conducted sessions. Always too, we have had specialists from outside, for example, during the period under review we had Dr. Geraldine M. Howard of the Family Planning Association, and Dr. H.L. Frankel of Stoke Mandeville, who have each given most interesting presentations, which have been of great interest to doctors and nurses.

In addition, local consultants continue to meet the nursing staff at their attendance at the "middle care" clinical rounds of specialists held in Peterborough District Hospital. This has done a great deal to keep our nursing staff, attached to the practices, really up to date.

The reorganisation of the Nursing Service has meant that Miss K.M. Selby, who was County Nursing Superintendent, has now been designated Principal Nursing Officer, and Miss A. Bullen, in charge of district nursing and midwifery service, has been appointed Superintendent Nursing Officer. Each, I feel, has supported me well in furthering the great importance I attach to the integration of the nursing and health visiting service with the work of the general practitioner, and with the continued training of all nursing members in keeping up to date with modern development.

The meetings, at least quarterly, of all those working in the public health field, in its widest sense, within the County have continued. While these have been the subject mainly of the responsibilities of those of the Sanitary Districts, the scope has been widened considerably. Both Directors of the Public Health Laboratory Service have been to meetings, discussions on having a central refuse disposal plant of the incinerator type within the County continues to find favour, especially in view of problems which have arisen from the many refuse tips located throughout the County. The Regional Pests Officers and other Officers of the Ministry of Agriculture, Fisheries and Food have continued the discussions about the incidence of rats and other pests and in this connection the attendance of Officers of the River Board, and, more recently, of the Water Boards, have made the meetings most interesting. Needless to say, pollution of the environment, in its widest sense, has produced some interesting information and, what is hoped to be, useful discussion to mutual advantage. While on this subject I must, I feel, continue again my attack on cigarette smoking, and, if I may be excused, I cannot do better than quote again the Chief Medical Officer of the Department of Health and Social Security, who, in 1970, made a statement which must be considered

most seriously as I do feel that responsible people should set a good example, especially before the younger generation, giving up this filthy habit so selfishly pursued, without consideration of others, by so many.

"The most fully exposed noxious influence in our environment at the present time is of course cigarette smoke. At least one seventh of all deaths in Britain last year occurred before they need because of cigarette smoking. It is highly probable that as much as one fifth of the absence from work due to sickness was also related to cigarette smoking. This curse has been placed so firmly upon us because of the length of time before it operates. It took us fifty years of using the manufactured cigarette before the epidemiology of lung cancer was clarified. Now we know that chronic bronchitis due to cigarette smoking imposes as heavy a burden of deaths and much more of sickness in terms of years of ill health and we know that a high proportion of deaths from coronary thrombosis at earlier ages have the same origin. But the threat seems remote, the social habit is universal and three-fifths of our men still smoke these lethal things. It is a fantastic situation that we promote by our own voluntary - and surely no longer ignorant - actions by far the largest single avoidable cause of death and disability in Britain today. *There is no other agent in our environment that approaches the cigarette in menace to health and life.*"

The move of the Home Help Service from the aegis of Health to the Social Services is one which has been carried out with the greatest of facilities, excellently run, both in the north and south. The Home Help Service will, no doubt, be the closest link which will remain between the National Health Service commitments of hospitals, doctors, and Local Authority with the Social Services. The extremely able band of domestic workers in the Home Help Service preserving the continuation of domestic care in the home has contributed a great deal to making life happier for many patients and their families, and also more economically, both nationally and locally, and in this area with very little cost to the community, the minimum payment, reimbursable from Social Security if necessary, having been retained.

The responsibility of the Health Department in the mental health field has changed since the main body of this report was prepared, and in this foreword I must pay tribute to all those who were in the Health Department dealing with this work, who have so ably carried on often with depleted ranks and under great difficulties, since the formation of the new County of Huntingdon and Peterborough, six years ago.



The Health Committee must feel certain pride in handing over to the Education Authorities within the County two first class schools, namely, St. George's to the City of Peterborough and St. Edward's to this County's Education Committee. I must pay tribute to the great work of Mrs. E.M. Roberts, who at the handover was Headmistress of both these units. Each had a first class staff, had an excellent Parent Teacher organisation and are both ably supported by the local branches of the National Society for the Mentally Handicapped.

Having been associated with St. George's School from the beginning, it is, perhaps, understandable that one regrets not now being associated with it, in the role of School Medical Officer, such as continues at St. Edward's School.

The Committee must be proud, as I am, too, in handing over to the Director of Social Services the administration of St. Peter's and St. Michael's Work Centres. In my opinion again excellent going concerns, both doing valuable work. At St. Peter's there is a close association with the Hospitals in that nearly all the packs of dressings, etc., for the C.S.S.D. of the District and other Hospitals are prepared at the Work Centre for sterilisation. This major service is so excellently organised in the main by Mr. B. Swaine and his colleague at the Hospital, Mr. W.R. Weaver, that even members have not been aware of the great amount of work being carried out, with profit to the trainees and the Authorities concerned.

The Work Centres provide care and work for both mentally and physically handicapped adults, seeking to train them to take their place in society and to the full extent of their capabilities.

While not responsible for these Work Centres, it is very pleasing to know that in my role as community physician and medical adviser, whatever the final term is, I shall still retain my association, especially pleasing is it to remain as Chairman of the Friends of St. Peter's Work Centre.

At both St. Peter's and St. Michael's Work Centres, the Local Health Authority constructed aviaries to breed budgerigars. My experience is that the trainees at the Work Centres have benefitted considerably from their presence. Both are sited so that they can be seen from many windows in the units, and, of course, the work of caring for them by the trainees has given several of them a great sense of responsibility. The idea too is that the budgerigars, which, incidentally, are all guaranteed psittacosis free,

being regularly treated to keep them so, and tested to ensure so, may be given to handicapped persons. This is based mainly on the view that budgerigars can provide companionship for somebody who has to spend long periods alone. They need not be exercised, they are easy to keep clean, do not require a great deal of expensive food and can be spoken to and taught to reply, dependent on the interest of the handicapped person. I have derived great pleasure from seeing the results in more than one older handicapped person.

At St. Michael's the number increased dramatically to overcrowded conditions, following the opening of the Hostel at Huntingdon, a modern unit providing a permanent home for 18 residents. The planned scheme for extending the Work Centre has had to be brought forward as a matter of urgency and is already in hand. I must pay tribute to Mr. B.K. Brook and his staff for continuing, quite frankly, in what has been adverse conditions so ably during these last few months.

These units, I am sure, are a great asset to the Social Services Department.

The excellent liaison with the Ida Darwin Hospital has been maintained, and again one cannot speak too highly of the association which we have with Dr. Glyn E. Roberts, our Honorary Consultant Adviser, who is Medical Superintendent of the Ida Darwin Hospital, and with his wife, also a psychiatrist, Dr. S. Kidd, and the social worker, Mrs. R.B. Evans. As I said last year, any separation of our association with these excellent officers will, I fear, reflect seriously on the service for which this Authority is responsible to those who are mentally handicapped throughout the whole County.

The responsibility for other mental health services has been taken over by the Social Services Department. I must pay tribute in this connection to the good work of the Mental Welfare Officers who have served the northern part of the County over many years, and especially to Dr. H.A. Cole, the Consultant Psychiatrist, and to his team of consultants from Rauceby Hospital, who have served Peterborough and district, if at a long distance, so ably, over many years, in this field. I would like to pay special tribute in this connection to their great willingness at all times, often in adverse weather conditions, and in great personal inconvenience in travelling the long distance to see cases, and also too to those Mental Welfare Officers who have worked in this field, in taking the cases so far to the Hospital. That we are going to have psychiatric beds in the new District Hospital in Peterborough is very welcome news. The tremendous difficulties which have had to be overcome, since the last Great War, of



transporting cases, for out-patient and in-patient treatment, the many miles to Rauceby, near Sleaford, associated with the many difficulties that visitors to the Hospital have had to overcome, I hope are going to be things of the past. The relationship of this Hospital with the community, through the Mental Welfare Officers, is handed over in an excellent state.

Unfortunately, the Mental Health Service in the southern half of the County, provided by this Authority in association with Fulbourn Hospital, is something which one cannot be very proud of, not because of the excellent work which has been carried out by the Consultants, particularly Dr. O.E.F. Hodgson, and the Mental Welfare Officer concerned, but because of the paucity of staff in post on April 1st, 1971. This Mental Health Service has been bedevilled with failure to recruit, a vicious circle when combined with one's wish to ensure facilities for the attainment of Social Work qualifications by staff in post, complicated, of course, by the long distances which the Mental Welfare Officers have to travel with their patients, now clients, to the Hospital. The association of the Mental Welfare Officer and the Consultant at the Huntingdon Clinic, however, has been maintained, though sometimes with having only one member of this specialised staff available. That at least one member of the staff who had been seconded for training left the County on graduation, and that two others associated with the southern half of the County returned to their former areas of work, combined with the failure to recruit any qualified staff whatever, left a great weakness in this one section of the handover, on the appointed day.

The health of the children of the County is most satisfactory. Taking into account the current hair fashions it is with great pleasure that one records a drop in the incidence of head lice within the County, though that there should still be 254 school children who are discovered to attend school in a lousy condition still demonstrates the need for regular inspections.

No cases of under-nutrition of any child was discovered, though there is still a considerable incidence of malnutrition in the form of obesity to be found, this usually being a family failing and hopeless to treat unless one can have the complete co-operation of the parents should they also be grossly overweight.

As a doctor, I cannot but deprecate the intention to restrict the provision

of school milk during the day, in spite of the afore-mentioned note on obesity. Quite frankly, the school milk was the only drink which many of the school children took during the day. It is hoped that every school will review its water drinking facilities, making them as attractive as possible, should the drinking of milk by all the children be abandoned. It is important that children drink ample fluid, which, in my opinion, should be milk, but, if not, then a wholesome water supply, readily available, attractively presented.

During the year, usually accompanied by specialist teachers of the Education Authority, for example, the Nursery School, the Adviser in the Education of the Deaf, the Educational Psychologist, and, if possible, the Consultant Child Psychiatrist, visits have been paid to the many Special Schools where children from this Authority are accommodated and taught. This insight into the work and provision made for these pupils has been not only most interesting, but of great use in discussing the special requirements of the individual pupils upon whom we have to make decisions. The schools for the deaf have been, of course, of special interest to me and in this connection it is, perhaps, apt to mention the excellent liaison which there is with all members of my staff, professional and nursing, in the field of assessment of handicap, especially where deafness in a child is one of the factors to be considered.

I would like to pay tribute too, to the way in which members of the Education Authority and of my own Department, in all its ramifications, have played a very interesting part in a branch of the National Deaf Children's Society, which was set up in this County in January, 1969. Not only are we now the largest branch in the whole country, but the majority of parents of deaf children have become members. Addresses to the Society have been given by Mr. G.E. Mann, the Consultant Otologist at Addenbrooke's Hospital, whose clinics at Huntingdon serve the major part of the County, Mr. J.A.M. Martin and Mr. H.A. Beagley, Specialists at the Nuffield Hearing and Speech Centre, The Royal National Throat, Nose and Ear Hospital, London, from lay members, by Mrs. Freddy Bloom, O.B.E., the Editor of "Talk", and Sir Paul C. Davie, M.A., the National Chairman, is coming shortly. Meetings are held at Sawtry Village College or at the Adult Centre, Peterborough, and I am very pleased to record that attendances have been large. Many social activities also take place and I could only wish that every parent of a child with impaired hearing could be able to spare the time to acquire the information and knowledge which those excellent activities have imparted to many others. I must too, pay a great

tribute to a colleague and friend, Mr. Cedric P. Jones, who under my Presidency, is Chairman of the Branch, and to that ever working enthusiast, Miss B. Hay, the Headmistress of Caverstede Road Nursery School, our Secretary, and to many parents who are active members of the Committee, a very worthwhile adjunct to our Local Authority commitments in this specialised field.

I should, perhaps, also add that the other Association for the deaf, the British Association for the Hard of Hearing, which meets in the City of Peterborough, and whose members are mainly among senior citizens, have a very close association with those working with the deaf child, with regular attendance of Association and Society at meetings of both, a most excellent stimulant to effort, which, I think, has produced some excellent relations, but I hope I am being honest enough to leave others to judge.

I would like to express my appreciation and thanks to the Chairman, Mr. County Alderman K.C. Archer, who has recently been succeeded by Mr. County Councillor E.A.M. Sack, the Vice-Chairman, Mr. County Councillor J.W. Taylor, and all the Members of the County Health Committee for their interest and co-operation.

Since writing the last report Dr. J. Caldwell, who has, for many years, been Medical Officer of Health to many of the Sanitary Districts in the southern part of the County, has been appointed Deputy County Medical Officer, and his assistance has been of great help since the retirement of Dr. McKellar, whom everyone will be pleased to hear is enjoying much better health recently.

As a successor to Mr. Killick, your Authority appointed Mr. A.V. Barnard, Chief Administrative Assistant, and under his able direction the computer service for vaccination and immunisation, described in the report, has developed. I am very grateful to him, to Mr. M.L. Henderson and Miss I. Burton for their assistance and great help during the year, and also in the compilation of this report.

I have the honour to be,

Your obedient servant,

G. NISBET

County Medical Officer  
and Principal School Medical Officer.

24th June, 1971.



Mr. Eric P. Smith, Clerk of the County Council, with Mrs. Smith and Dr. G. Nisbet, County Medical Officer, at the exhibition of the Royal Society of Health Congress, 1971.

**PART I**

**ANNUAL REPORT OF THE  
COUNTY MEDICAL OFFICER**



## 1 - GENERAL INFORMATION

At the end of the year, there were within the County three non-County Boroughs - the City of Peterborough, Huntingdon and Godmanchester, and St. Ives: three Urban Districts - Old Fletton, Ramsey and St. Neots, and seven Rural Districts - Barnack, Huntingdon, Norman Cross, Peterborough, St. Ives, St. Neots and Thorney.

The City of Peterborough has delegated powers for the administration of certain health services in the City.

The area of the Administrative County at the end of the year was 310,863 acres.

The rateable value on the 1st April, 1970 was £7,990,538 and the product of a new penny rate for 1970 - 71 was £79,627.



## 2 - STATISTICAL INFORMATION

### POPULATION

The Registrar-General's estimate of the 1970 mid-year population of the Administrative County was 199,040 made up as follows: -

City of Peterborough 66,870 all other Municipal Boroughs, Urban and Rural Districts 132,170.

The following Table shows the population of each Sanitary District in the County, compared with the figures for mid-1969.

TABLE 1

	1970	1969
Administrative County	199,040	196,670
Municipal Boroughs and Urban Districts	122,460	120,970
Huntingdon and Godmanchester M.B.	15,730	15,650
Old Fletton U.D.	13,460	13,330
Peterborough M.B.	66,870	66,800
Ramsey U.D.	5,620	5,620
St. Ives M.B.	6,150	5,860
St. Neots U.D.	14,630	13,710
Rural Districts	76,580	75,700
Barnack R.D.	7,480	6,990
Huntingdon R.D.	17,020	17,060
Norman Cross R.D.	11,790	11,570
Peterborough R.D.	9,970	9,980
St. Ives R.D.	17,890	17,980
St. Neots R.D.	9,790	9,510
Thorney R.D.	2,640	2,610

The larger increases in population continue to be in the south of the County with over half the increase being in the St. Neots area. However, the Peterborough expansion under the New Town Act is getting under way and there will be dramatic increases in and around the City during the next few years.



## Births

There were 3,404 live births credited to the administrative County during the year. This exceeds last year's total by only 28 despite the fact that there was an increase in the population of almost 2,500.

The adjusted birth rate of 17.5 per thousand population is fractionally lower than the rate for 1969 but still remains in excess of the national figure.

It may well be that the work of the Family Planning Association clinics in the area has contributed considerably to this slight reduction in the birth rate and which is in keeping with the national trend, a trend towards every child being a wanted child, I hope.

Everyone working in a National Health Service should encourage parents to seek family planning advice to avoid unwanted pregnancies.

Publicity about the risks of taking contraceptive pills should emphasize that these risks are remote and are not comparative with the risks to maternal health arising during pregnancy and confinement. It is stated that it is safer for a woman to take the pill, than to smoke half of one cigarette per day.

## Stillbirths and Deaths in the First Year of Life

A pleasing feature to note from the statistics this year is that there were 10 fewer stillbirths in 1970 than there were the previous year, giving a stillbirth rate of 10 per thousand total live and stillbirths. This figure compares favourably with last year's rate and also with the national level of 13 per thousand total births. To some extent this result reflects the excellent ante-natal care being given throughout the County as a whole.

A rise in the neonatal mortality rate (first 4 weeks of life per thousand live births) is noted this year, bringing the rate slightly above the national average. The reasons for death in this age range included such conditions as birth injury, prematurity, congenital anomalies, etc.

64 infants died during the year before reaching the age of 12 months. This gives an infant mortality rate of 18 per thousand live births and is identical to the national rate.

The illegitimate birth rate dropped to 6% of the total live births during the year and this compares very favourably with the rate of 8% of total live births for England and Wales as a whole.

### Maternal Mortality

For yet another year I am happy to report that there have been no maternal deaths recorded.

### Deaths

The number of deaths attributed to residents of the County of Huntingdon and Peterborough was 1,796. This is 34 fewer than occurred last year and gives a corrected death rate of 10.6 per thousand of population, compared with the national average of 11.7.

22% of death was due to malignant disease and 49% to disorder of the cardio-vascular system.

The following tables show the number of live and still births and deaths which occurred during the year.

TABLE 2

<u>Live and Still Births</u>	<u>1969</u>			<u>1970</u>		
	<u>Male</u>	<u>Female</u>	<u>Totals</u>	<u>Male</u>	<u>Female</u>	<u>Totals</u>
Live Births						
Legitimate	1,761	1,615	3,376	1,738	1,666	3,404
Illegitimate	140	116	256	122	105	227
Still Births						
Legitimate	24	20	44	16	18	34
Illegitimate	3	3	6	1	-	1
TOTAL	<u>1,928</u>	<u>1,754</u>	<u>3,682</u>	<u>1,877</u>	<u>1,789</u>	<u>3,666</u>
	<u>Huntingdon &amp; Peterborough</u>			<u>England &amp; Wales</u>		
Live birth rate per 1,000 population	17.5			16.0		
Illegitimate births per cent of total live births	6			8		
Still births rate per 1,000 total live and still births	10			13		
<u>Deaths</u>						
Infant deaths (under one year of age)	64			14,269		
Infant mortality rates per 1,000 live births	18			18		
Infant mortality rates per 1,000 live legitimate births	16			17		
Infant mortality rates per 1,000 live illegitimate births	35			26		
Neo-natal mortality rate (first four weeks) per 1,000 live births	13			12		
Early neo-natal mortality rate (deaths under one week) per 1,000 total live births	12			11		
Perinatal mortality rate (still births and deaths under one week combined) per 1,000 total live and still births	22			23		
Maternal Deaths (including abortion)	Nil			147		
Maternal mortality rate per 1,000 total live and still births	Nil			0.18		
Total number of deaths	1,796			575,208		
Death rate per 1,000 population	10.6			11.7		

TABLE 3

## VITAL STATISTICS FOR THE YEAR 1970

## Urban and Rural Districts

## Live Births and Deaths.

District	Area in acres	Persons per acre	Population	Live Births				Deaths				Deaths under 1 year of age	
				No.	Crude Rate	Area Comparability Factor	Local Adjusted Rate	No.	Crude Rate	Area Comparability Factor	Local Adjusted Rate	No.	Rate per 1,000 reg'd births
URBAN													
Huntingdon and Godmchester Borough	7,057	2.23	15,730	319	20.3	.78	15.8	153	9.7	1.11	10.8	5	1.4
Old Fletton Urban	4,145	3.25	13,460	235	17.5	.87	15.2	109	8.1	1.34	10.9	3	.3
Peterborough Borough	10,022	6.67	66,870	1,176	17.6	.95	16.7	744	11.1	1.03	11.4	31	4.5
Ramsey Urban	15,926	0.35	5,620	84	14.9	.99	14.8	58	10.3	1.09	11.2	1	1.2
St. Ives Borough	2,326	2.64	6,150	155	25.2	.88	22.2	57	9.3	1.04	9.7	2	1.3
St. Neots Urban	2,721	5.38	14,630	283	19.3	.78	15.1	124	8.5	1.45	12.3	4	1.4
Total for Urban Districts	42,198	2.90	122,460	2,252	18.4	.89	16.4	1,245	10.2	1.12	11.4	46	2.0
RURAL													
Barnack	15,234	0.49	7,480	131	17.5	1.64	28.7	33	4.4	2.23	9.8	4	3.1
Huntingdon	69,853	0.24	17,020	266	15.6	1.34	20.9	90	5.3	1.57	8.3	6	2.3
Norman Cross	35,725	0.33	11,790	222	18.8	.97	18.2	96	8.1	1.31	10.6	1	1.7
Peterborough	28,186	0.35	9,970	174	17.5	1.11	19.4	96	9.6	1.15	11.0	1	1.7
St. Ives	45,893	0.39	17,890	342	19.1	.97	18.5	140	7.8	1.20	9.4	1	1.5
St. Neots	51,796	0.19	9,790	207	21.1	1.05	22.2	81	8.3	1.13	9.4	1	1.5
Thorney	21,778	0.12	2,640	37	14.0	1.04	14.6	15	5.7	1.39	7.9	-	-
Total for Rural Districts	268,665	0.29	76,580	1,379	18.0	1.09	19.6	551	7.2	1.34	9.6	18	1.3
Administrative County	310,863	0.64	199,040	3,631	18.2	.96	17.5	1,796	9.0	1.18	10.6	64	1.8
England and Wales			48,987,700	734,482	16.0	1.00	16.0	575,208	11.7	1.00	11.7	14,269	1.8

TABLE 4 - SHOWING DEATHS FROM ALL CAUSES AND IN DISTRICTS IN THE COUNTY 1970

Cause of Death	All Ages	Under 4 weeks	Age in years			
			1 year	1-4	5-24	25 and over
Enteritis and other Diarrhoeal Diseases	1	-	-	-	-	-
Tuberculosis of the Respiratory System	1	-	-	-	-	-
Meningococcal Infection	4	-	-	-	-	-
Other Infective and Parasitic Diseases	1	-	-	-	-	-
Malignant Neoplasm, Buccal Cavity etc.	1	-	-	-	-	-
Malignant Neoplasm, Oesophagus	1	-	-	-	-	-
Malignant Neoplasm, Stomach	1	-	-	-	-	-
Malignant Neoplasm, Intestine	1	-	-	-	-	-
Malignant Neoplasm, Lung, Bronchus	1	-	-	-	-	-
Malignant Neoplasm, Breast	1	-	-	-	-	-
Malignant Neoplasm, Uterus	1	-	-	-	-	-
Malignant Neoplasm, Prostate	1	-	-	-	-	-
Leukaemia	1	-	-	-	-	-
Other Malignant Neoplasms	1	-	-	-	-	-
Benign and Unspecified Neoplasms	1	-	-	-	-	-
Diabetes Mellitus	1	-	-	-	-	-
Other Endocrine etc. Diseases	1	-	-	-	-	-
Anaemias	1	-	-	-	-	-
Other Diseases of Blood etc.	1	-	-	-	-	-
Mental Disorders	1	-	-	-	-	-
Meningitis	1	-	-	-	-	-
Multiple Sclerosis	1	-	-	-	-	-
Other Diseases of Nervous System	1	-	-	-	-	-
Active Rheumatic Fever	1	-	-	-	-	-
Chronic Rheumatic Heart Disease	1	-	-	-	-	-
Hypertensive Disease	1	-	-	-	-	-
Ischaemic Heart Disease	1	-	-	-	-	-
Other Forms of Heart Disease	1	-	-	-	-	-
Cerebrovascular Disease	1	-	-	-	-	-
Other Diseases of Circulatory System	1	-	-	-	-	-
Influenza	1	-	-	-	-	-
Pneumonia	1	-	-	-	-	-
Bronchitis and Emphysema	1	-	-	-	-	-
Asthma	1	-	-	-	-	-
Other Diseases of the Respiratory System	1	-	-	-	-	-
Peptic Ulcer	1	-	-	-	-	-
Appendicitis	1	-	-	-	-	-
Intestinal Obstruction and Hernia	1	-	-	-	-	-
Cirrhosis of Liver	1	-	-	-	-	-
Other Diseases of Digestive System	1	-	-	-	-	-
Nephritis and Nephrosis	1	-	-	-	-	-
Hyperplasia of Prostate	1	-	-	-	-	-
Other Diseases, Genito-Urinary System	1	-	-	-	-	-
Diseases of Skin, Subcutaneous Tissue	1	-	-	-	-	-
Diseases of Musculo-Skeletal System	1	-	-	-	-	-
Congenital Anomalies	1	-	-	-	-	-
Birth Injury, Difficult Labour, etc.	1	-	-	-	-	-
Other Causes of Perinatal Mortality	1	-	-	-	-	-
Symptoms and Ill Defined Conditions	1	-	-	-	-	-
Motor Vehicle Accidents	1	-	-	-	-	-
All Other Accidents	1	-	-	-	-	-
Suicide and Self-Inflicted Injuries	1	-	-	-	-	-
All other External Causes	1	-	-	-	-	-
TOTAL ALL CAUSES	1,706	15	15	15	15	15

## Rural Districts

## Urban Districts

Cause of death	Urban							Rural						
	Huntingdon & Godmanchester Borough	Old Fletton Urban	Peterborough City	Hamsey Urban	St. Ives Borough	St. Neots Urban	Thornby	Huntingdon	Norman Cross	Peterborough	St. Ives	St. Neots	Thornby	
Enteritis and other Diarrhoeal Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	
Tuberculosis of the Respiratory System	1	1	1	1	1	1	1	1	1	1	1	1	1	
Meningococcal Infection	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Infective and Parasitic Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	
Malignant Neoplasm, Buccal Cavity, etc.	1	1	1	1	1	1	1	1	1	1	1	1	1	
Malignant Neoplasm, Oesophagus	1	1	1	1	1	1	1	1	1	1	1	1	1	
Malignant Neoplasm, Stomach	1	1	1	1	1	1	1	1	1	1	1	1	1	
Malignant Neoplasm, Intestine	1	1	1	1	1	1	1	1	1	1	1	1	1	
Malignant Neoplasm, Lung, Bronchus	1	1	1	1	1	1	1	1	1	1	1	1	1	
Malignant Neoplasm, Breast	1	1	1	1	1	1	1	1	1	1	1	1	1	
Malignant Neoplasm, Uterus	1	1	1	1	1	1	1	1	1	1	1	1	1	
Malignant Neoplasm, Prostate	1	1	1	1	1	1	1	1	1	1	1	1	1	
Leukaemia	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Malignant Neoplasms	1	1	1	1	1	1	1	1	1	1	1	1	1	
Benign and Unspecified Neoplasms	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diabetes Mellitus	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Endocrine etc. Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	
Anaemias	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Diseases of Blood, etc	1	1	1	1	1	1	1	1	1	1	1	1	1	
Mental Disorders	1	1	1	1	1	1	1	1	1	1	1	1	1	
Meningitis	1	1	1	1	1	1	1	1	1	1	1	1	1	
Multiple Sclerosis	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Diseases of Nervous System	1	1	1	1	1	1	1	1	1	1	1	1	1	
Active Rheumatic Fever	1	1	1	1	1	1	1	1	1	1	1	1	1	
Chronic Rheumatic Heart Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	
Hypertensive Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	
Ischaemic Heart Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Forms of Heart Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	
Cerebrovascular Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Diseases of Circulatory System	1	1	1	1	1	1	1	1	1	1	1	1	1	
Influenza	1	1	1	1	1	1	1	1	1	1	1	1	1	
Pneumonia	1	1	1	1	1	1	1	1	1	1	1	1	1	
Bronchitis and Emphysema	1	1	1	1	1	1	1	1	1	1	1	1	1	
Asthma	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Diseases of the Respiratory System	1	1	1	1	1	1	1	1	1	1	1	1	1	
Peptic Ulcer	1	1	1	1	1	1	1	1	1	1	1	1	1	
Appendicitis	1	1	1	1	1	1	1	1	1	1	1	1	1	
Intestinal Obstruction and Hernia	1	1	1	1	1	1	1	1	1	1	1	1	1	
Cirrhosis of Liver	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Diseases of Digestive System	1	1	1	1	1	1	1	1	1	1	1	1	1	
Nephritis and Nephrosis	1	1	1	1	1	1	1	1	1	1	1	1	1	
Hyperplasia of Prostate	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Diseases, Genito-Urinary System	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diseases of Skin, Subcutaneous Tissue	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diseases of Musculo-Skeletal System	1	1	1	1	1	1	1	1	1	1	1	1	1	
Congenital Anomalies	1	1	1	1	1	1	1	1	1	1	1	1	1	
Birth Injury, Difficult Labour, etc.	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Causes of Perinatal Mortality	1	1	1	1	1	1	1	1	1	1	1	1	1	
Symptoms and ill Defined Conditions	1	1	1	1	1	1	1	1	1	1	1	1	1	
Motor Vehicle Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	
All Other Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	
Suicide and Self-Inflicted Injuries	1	1	1	1	1	1	1	1	1	1	1	1	1	
All Other External Causes	1	1	1	1	1	1	1	1	1	1	1	1	1	
TOTAL ALL CAUSES	153	100	74	59	57	124	33	90	96	96	140	81	15	

## 3. NATIONAL HEALTH SERVICE ACT, 1946

## HEALTH CENTRES

(Section 21)

The Authority's policy concerning the provision of health centres continues. Discussions have taken place for proposed health centres at Bretton, the Ortons, Yaxley and Ramsey.

A temporary health centre at Westwood is under construction and by the time this report is published will be in operation. This health centre will remain at Westwood until the permanent health centre is built at Bretton and will then be moved in turn to other townships planned under the Peterborough Development Scheme pending the erection of permanent health centres. The building of the health centre at Bretton will commence in 1972 and will be completed by the end of the following year.

The anticipated Health Centre capital building programme for the next five years is as follows:-

<u>Project</u>	<u>Year building will commence</u>
Yaxley	1971/72
Peterborough, Bretton	1972/73
“ The Ortons	1973/74
Godmanchester	1973/74
Ramsey	1974/75
St Neots	1975/76

## CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Ante-Natal and Post-Natal Care

With the opening of the new Maternity Hospital in Peterborough, the City Midwives were attached to general practices and the boundary between County and City ignored. All general practitioners in the area now have attached midwives which is most satisfactory and working well.

In the County area apart from one small midwives' ante-natal clinic, all

ante-natal sessions are held at joint general practitioner/midwife clinics. Patients seen at these sessions are not only our own booked patients for delivery at home or by the midwife in the General Practitioner Units, but also a large percentage of hospital booked cases.

Although with the two General Practitioner Units now having a scheme for domiciliary midwives to deliver their patients in hospital, and bring them home early, the Authority still has a high rate of early discharge cases from hospital, but more of these are after 48 hours. With the new schemes in operation for two hospitals, midwives now assess the social needs before the booking form is sent to the hospital, so that arrangements can be made accordingly from an early date.



TABLE 5

## ANTE-NATAL AND POST-NATAL CLINICS

	<u>County Area</u>	<u>City</u>	<u>Total</u>
Number of women in attendance:			
(i) For ante-natal examination	122	183	305
(ii) For post-natal examination	11	-	11
Number of sessions held by:			
(iii) Medical Officers	-	-	-
(iv) Midwives	91	129	220
(v) G.P.'s employed on a sessional basis	-	-	-
(vi) Hospital Medical Staff	-	-	-
(vii) Total number of sessions in lines (iii) - (vi)	91	129	220
Note: Lines (i) and (ii) do not include women in attendance at sessions held by their own general practitioners.			

TABLE 6

## ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

	<u>County Area</u>	<u>City</u>	<u>Total</u>
Number of women who attended during the year:			
(i) Institutional booked	553	216	749
(ii) Domiciliary booked	27	19	46
(iii) Total	560	235	795
Total number of attendances during the year	1,990	1,163	3,153

## DAY CARE OF PRE-SCHOOL CHILDREN

A detailed report on the development of this Service since 1965 was given in my Report for 1969. The demand for places in playgroups and for the daily-minding of children under five years of age has continued. During the year the Health Department approved 9 applications for registration of premises and 49 applications for registration of persons as child-minders under the Nurseries and Child-Minders Regulation Act 1948 as amended by the Health Services and Public Health Act 1968.

Difficulty has been experienced in some of the villages in finding accommodation which can be considered for a playgroup. In some village halls the floor surfaces are unsuitable for young children, light and ventilation are inadequate and there is insufficient toilet provision. Village Hall Committees have been encouraged to make application for financial assistance to enable them to bring their accommodation up to reasonable standards, or to provide a new modern Hall, with benefit to the community as a whole.

TABLE 7

County Area (excluding City of Peterborough)

Daily Minders and Registered Nurseries Nurseries and Child-Minders Regulation Act, 1948		
	Nurseries registered at end of year	Daily minders registered at end of year
Number	34	144
Number of children permitted	781	315

City of Peterborough

Day Nurseries	Number at end of year	Number of approved places	Average daily attendance	Number of children on register at end of year
Nurseries maintained by the Authority or by voluntary organisations under Section 22 of National Health Service Act, 1946	1	45 + 2 emergency	37	45
Daily Minders and Registered Nurseries Nurseries and Child Minders Regulation Act, 1948				
	Nurseries registered at end of year		Daily minders registered at end of year	
Number	11		69	
Number of children permitted	332		234	

Dental Care

This is reported in full under Section 5 of the Annual Report of the Principal School Medical Officer. The following table shows the treatment provided for expectant mothers and children under 5 years:-

**TABLE 8**  
**DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS**  
**AND CHILDREN UNDER 5 YEARS**

	Children 0-4 (inc.)		Expectant and Nursing Mothers	
	County Area	City	County Area	City
<u>Attendance and Treatment</u>				
Number of Visits for Treatment during Year:-				
First Visit	26	23	10	1
Subsequent Visits	25	8	18	1
Total Visits	51	31	28	2
Number of Additional Courses of Treatment other than the First Course commenced during the year	1	-	-	1
Treatment provided during the year -				
Number of Fillings	32	7	23	2
Teeth Filled	31	7	23	1
Teeth Extracted	31	17	3	-
General Anaesthetic given	10	7	-	-
Emergency Visits by Patients	5	-	1	-
Patients X-Rayed	-	-	1	1
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	7	-	7	2
Teeth Otherwise Conserved	1	5	-	-
Number of Courses of Treatment completed during the year	22	13	6	2
<u>Inspections</u>				
Number of Patients given First Inspections during year	43	23	12	1
Number requiring Treatment	20	14	8	1
Number offered Treatment	19	14	8	1
	County Area		City	
<u>Prosthetics</u>				
Patients supplied with F.U. or F.L. (First time)	-		-	
Patients supplied with Other Dentures	2		-	
Number of Dentures supplied	2		-	
<u>Sessions</u>				
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to treatment for Maternity and Child Welfare Patients	13		4	

### Ophthalmic Treatment

The arrangements whereby the pre-school child, who requires ophthalmic treatment, is referred either to the Hospital Eye Service or to the Ophthalmic Clinics which are run in connection with the School Health Service continue to work smoothly.

TABLE 9

#### CHILDREN UNDER 5 YEARS SEEN AT COUNTY OPHTHALMIC CLINICS

	Huntingdon	Stanground	Total
Number of new cases	4	2	6
Number of old cases	14	3	17
Total attendances	18	5	23
Number of cases for whom spectacles prescribed	4	2	6

### Orthopaedic Treatment

This service to pre-school children ceased following the death of Mr. T.H.Dockrell in January, 1970, and any cases requiring treatment are now dealt with by the general practitioners who would refer the cases to the Consultant at the local General Hospital if considered a necessity.

### Premature Births

There were 132 premature live births in the County during 1970, exactly the same figure as for the previous year, but the number of stillbirths, all delivered in hospital, decreased from 9 to 7 during 1970. Of the live births, 6 were delivered at home and 2 were transferred to hospital. Although special equipment is available for premature infants, this is rarely used nowadays as the aim is to have all premature infants delivered in hospital, or transferred in an incubator immediately after delivery.

Of the 126 delivered in hospital, 113 were still alive at the 28th day, and all the domiciliary births lived to this date.

TABLE 10  
PREMATURE BIRTHS

County Area

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital						Born at home or in a nursing home							
	Nursed entirely at home or in a nursing home			Transferred to hospital on or before 28th day			Died			Born				
	Total births			Total births			Total births			Total births				
	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days		at home or in a nursing home
1. 2lb 3oz or less	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	5	3	1						1				1	
2. Over 2lb 3oz up to and including 3lb 4oz	14	3	1										2	
3. Over 3lb 4oz up to and including 4lb 6oz	20	1	1						1				2	
4. Over 4lb 6oz up to and including 4lb 15oz	14	3			1									
5. Over 4lb 15oz up to and including 5lb 8oz	64				5								2	
6. Total	126	10	3		6				2				5	

TABLE II

## PREMATURE BIRTHS

Weight at birth	Premature live births										
	Born in hospital			Nursed entirely at home or in a nursing home			Born at home or in a nursing home			Transferred to hospital on or before 28th day	
	Died			Died			Died			Died	
	Total births	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days	Total deaths	within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days	Total births	within 24 hours of birth	in 1 & under 7 days
1. 2lb 3oz or less	4	3	1						1	1	
2 Over 2lb 3oz up to and including 3lb 4oz	5										
3. Over 3lb 4oz up to and including 4lb 6oz	3	1	1						1	1	
4. Over 4lb 6oz up to and including 4lb 15oz	16	2			2						
5. Over 4lb 15oz up to and including 5lb 8oz	26										3
6. Total	54	6	2		2				2	2	

at home or in a nursing home

in hospital

in 7 & under 28 days

in 1 & under 7 days

within 24 hours of birth

### Congenital Malformations

The number of congenital malformations observed at birth and notified to the General Register Office during the year was 73, the comparable figure for the preceding year being 62. The rapid progress of developmental paediatrics, the increasing survival of the handicapped child, the greater interest and provision of facilities for both the handicapped pre-school and school child have produced welcome rethinking in the field of child health.

From the 1st January 1969 a register has been kept in this County of all children under the age of two years who are known to have any handicap, and as much information as possible is obtained about these children in order to provide a more comprehensive basis on which assessment for future educational provision can be made. I must pay a special tribute to the great co-operation in developing this system received from the Consultant Paediatricians, Dr. B.M. Powell and Dr. J.A. Kuzenko, who have stimulated us to go further.

From the beginning of 1971 a computerised At Risk or Observation register will start operation, identifying children with congenital malformations from the notification of birth. Records of children who are regarded as being in the special risk group for other reasons, for example, where there is a family history of deafness, will also be maintained on a computer file. The computer will prepare lists of children due for examination, and provide accurate statistics for any given period, in addition to preparing the statistical tabulations required by the Department of Health and Social Security. In this way it is hoped that a vigorous and thorough follow-up system of handicapped or at-risk children will be provided within this County, a system previously found difficult to maintain without the aid of a computerised record system.

Because of the size of the task it will not be practicable to arrange for each child to be seen by a medical officer, and for this reason the

preliminary assessment will be delegated to the health visitors who will be asked to say which children seem to be developing normally and which children may require further assessment. Copies of paediatric reports concerning these children are sent to my department, and, in addition, the attachment of health visitors to general practitioners will make it possible for them to discuss many of these children with their family doctors before submitting their reports. Cases will be continuously reviewed and medical officers will see all children requiring attention.

The conditions found during the current year were classified as follows:-

TABLE 12

Central Nervous System	5
Eye and ear	4
Alimentary System	4
Heart and Circulatory System	4
Respiratory System	-
Uro-genital System	8
Limbs	37
Other part of Musculo-Skeletal	4
Other Systems	6
Other malformations	1

In some cases more than one malformation was observed.

### Child Health Service

The total number of children attending sessions in 1970 was 5,236, this being slightly more than the figure for the previous year. More general practitioners are holding their own "well baby" sessions, with the health visitor in attendance, and this is to be encouraged.

The number of sessions held by health visitors only has risen slightly, counting those that the health visitors hold alone in general practitioner practice premises.

The general practitioner/health visitor well baby sessions give a child a much improved service, the one team being responsible for all care. With the increase in these sessions, attendance by the Authority's medical officers at child health sessions has fallen correspondingly.



TABLE 13  
CHILD HEALTH SERVICE

	County Area	City	Total
Number of children who attended during the year:			
(i) Born in 1970	1,766	850	2,616
(ii) Born in 1969	1,837	620	2,457
(iii) Born in 1965-1968	1,633	154	1,787
(iv) Total	5,236	1,624	6,860
Number of sessions held by:			
(v) Medical Officers	434	9	443
(vi) Health Visitors	385	253	638
(vii) G.P's employed on a sessional basis	138	153	291
(viii) Hospital medical staff	-	-	-
(ix) Total number of sessions in lines (v) - (viii)	957	415	1,372

### The Unmarried Mother and Her Child

Miss E.L. Bayner, Moral Welfare Worker in the service of the Ely Diocesan Association, who is employed three-fifths of her time by the County Council reports as follows:-

"During the year 1970 one girl went to the Cambridge Mother and Baby Home and one to the Colchester Home. In the case of the girl in the Cambridge Home the total cost of her stay was £36.97p towards which the girl and her mother paid £21.71p. The Local Authority payment amounted to £15.62p.

In 1970, 34 girls applied for help

- 1 girl had twins
- 3 babies were unborn at the end of the year
- 2 cases were eventually passed on to another Worker
- 2 girls had abortions
- 11 babies were placed for adoption (this includes twins)
- In the remaining cases the mother is caring for her child."

Mrs. I.M. Winham, Case Worker, Peterborough Diocesan and Social Welfare Council reports as follows:-

"1970 New Cases in Peterborough City	Illegitimate	50	
	Other Cases	22	72
New Cases in Peterborough County	Illegitimate	11	
	Other Cases	5	16

"These figures relate to new cases only and do not take into account the cases brought forward from the previous years."

### Distribution of Welfare Foods

The Health Department continued to arrange for the distribution of welfare foods to expectant and nursing mothers and children under five in accordance with the scheme of the Department of Health and Social Security.

At the end of the year there were 10 voluntary distribution points in the rural areas of the County and I am greatly indebted to these voluntary workers for their assistance in providing this valuable service. Welfare foods are also distributed from six main Clinics and 22 smaller Clinics.

The following table gives the quantities of foods sold with comparison for 1969.

TABLE 14

	1970	1969
National Dried Milk (tins)	3,018	3,886
Orange Juice (bottles)	29,852	28,010
Cod Liver Oil (bottles)	1,133	1,252
Vitamin A and D Tablets (packets)	1,676	1,506
Total	35,679	34,654

### Family Planning

The East Midlands Branch of the Family Planning Association continued to provide a family planning service in the County, clinic premises and equipment being made available, free of charge, for the use of the Association.

Clinic sessions are held at Peterborough, Huntingdon, St. Neots and St. Ives.

### Domiciliary Family Planning Service

In liaison with the Family Planning Association and the local Medical Committee it has been possible to implement a domiciliary family planning service in the County. One of the medical officers in department and a health visitor have received special training for this work and the service provides facilities for patients who are unable or unwilling to attend one of the Family Planning Association clinics.

## Battered Babies

In February 1970 Sir George Godber, Chief Medical Officer of the Department of Health and Social Security and the Home Office, and Miss J.D. Cooper, Chief Inspector, Children's Department, Home Office, issued a joint letter to all Medical Officers of Health and Children's Officers of Local Authorities asking them to consult and to bring into their discussions others involved.

A Conference was held in Huntingdon on the 30th September and was attended by County Councillors, Magistrates, clergy, general practitioners, members of the Mid-Anglia Constabulary and officers of the Children's and Health Departments. The speakers were Dr. B.W. Powell, Consultant Paediatrician, Dr. B.F. Whitehead, Consultant Child Psychiatrist, Dr. D.D. Cracknell, General Practitioner and Police Surgeon, Detective Superintendent Hotson of the Mid-Anglia Constabulary and Mr. W. Sadler, Casework Supervisor of the National Society for the Prevention of Cruelty to Children.

Those attending heard of the various problems involved and the arrangements which should be made to ensure that the necessary protection and assistance can be made available which will best help the child and deal with the family situation. An hour's discussion took place in which all the speakers answered many questions from professional and lay persons interested in this field.

## NURSING SERVICES

(Sections 23 - 25)

The last year has shown steady progress in the attachment of domiciliary nursing services to the general practitioner brought about mainly because of the slightly increased number of staff available in all fields.

Recruitment

There has been a small improvement in recruitment during the last year making attachment more readily available to some general practitioners.

Midwifery

From the chart below it will be seen that domiciliary confinements have slightly decreased but with the number of patients delivered in the Maternity Unit in Huntingdon numbers are very little below previous years. The ante-natal clinics have increased and now average 17 per week with a greatly increased attendance. Midwives and Health Visitors have continued to run Relaxation and Mothercraft classes and the number of people attending these classes has also increased. During the latter part of 1970 arrangements were made for domiciliary midwives in the area surrounding the new Peterborough Maternity Unit to take their patients to the general practitioner floor for delivery and although at the time of this report very few have availed themselves of this service, from the experience in the Huntingdon area it is obviously a scheme that will become more popular. The number of deliveries under this scheme in the general practitioner ward will increase, so that both the domiciliary midwife and the hospital midwife will have more job satisfaction. Patients admitted for delivery by the hospital staff will be able to stay for a longer period and the hospital midwives will see the mothers and babies proportionately for greater lengths of time.

TABLE 15

	1966	1967	1968	1969	1970
Domiciliary Deliveries	676	591	549	412	275
Early Discharges (before 10th day)	1,159	1,459	1,563	1,701	1,895

### Guthrie Testing

Guthrie testing has continued throughout the year and a positive result was obtained for the first time in the County. Thanks to the prompt repeats by the Health Visitor this child was able to receive treatment before its fourteenth day.

This is a blood test for the detection of Phenylketonuria (PKU) - an inborn error of metabolism in the newborn which leads, if untreated, to rapid mental retardation. In PKU the liver cells are unable to form an enzyme which is necessary for the proper metabolism of proteins and, as a result, certain amino-acids increase rapidly in the body fluids after birth and interferes with normal brain development.

It is obvious, therefore, that those infants with PKU should be detected as early as possible so that the necessary dietary treatment can be initiated.

The Guthrie Test is carried out as soon as possible after the ninth day of life and not later than the fourteenth day. The blood sample taken by heel puncture from each child is sent to the Regional PKU Screening Service, The Ida Darwin Hospital, Fulbourn, Cambridge.

### Health Visiting

At the time of writing this report the health visitor establishment is complete for the first time in eight years and although still below the national average at least with the extra health visitors the caseload has been slightly reduced giving more satisfaction to the individual health visitors. Looking at the annual figures the actual health visitor's work load and visits have greatly increased but more with visits to old people and people between five and sixty five, hence it reflects a much greater scope for the health visitor working with her general practitioner. Two more health visitors have been able to move their records and have a room in the general practitioner's surgery which makes co-operation and liaison much easier and on a much firmer basis.

### General District Nursing

The number of general district nurse patients has increased, many of them still being in the old age group. The number of patients discharged from hospital has increased also.

TABLE 16

#### Home Nursing - Number of Patients Visited

1966	1967	1968	1969	1970
1, 158	1, 226	1, 446	1, 522	1, 672

### Marie Curie Services

During the year the Marie Curie night nursing service was used on several occasions, so also was the use of day nursing to relieve relatives for short periods. Considerable use was made of the Welfare services of Marie Curie especially to provide ripple beds for terminal carcinoma as the demand for these has far outstripped our present stock of these beds.

### Training

During the past year there have been a number of staff meetings and discussions with all members of the staff especially towards the end of the year in connection with the introduction of the computer system for the birth notifications and vaccination and immunisation of young children.

A Study Day was held in the Reception Room, Town Hall, Peterborough, on the 22nd April, 1970. There was a total attendance of approximately two hundred made up of our own staff and those from neighbouring Counties. Mr. A.J. Lyne, Consultant Ophthalmic Surgeon at Peterborough District Hospital, spoke on eye conditions and treatments, Dr. Geraldine M. Howard, a Family Planning Association Clinic Doctor, spoke on the problems patients have in accepting family planning, and the County's Principal Dental Officer, Mr. I.O. Pinkham, on dental preservation, including fluoridation. The final session was a practical demonstration of the use of crutches and various types of walking frames by Miss S.A. Sherwood, the County Physiotherapist.

### District Nurse Training

Again the Authority joined with Cambridge and the Isle of Ely County Council, Cambridge City and Peterborough City for the District Nurses training. This course finished in January and last year all four nurses passed their examination. There are at present three more participating in the course. During the year there were a number of state enrolled nurses doing their geriatric training at Petersfield Hospital, Huntingdon, who worked in the County districts for half days. These nurses have enjoyed their days and have written interesting and sometimes amusing reports.



### Pupil Midwifery Training

Pupils from the old Gables and now the new Maternity Unit at Peterborough have continued to do their domiciliary training in the St. Neots area and although there has been some shortage of pupil midwives there has been no shortage of domiciliary deliveries in this area, so that the pupils who have had their training there have had a very adequate domiciliary delivery training. Also the scope of their practical knowledge has greatly improved by visits to other services. Obstetric students from the Maternity Unit have also continued with their two-day domiciliary visits.

### Midwifery Training

The midwives have continued with their five-year Refresher Courses and where possible have attended extra courses on particular subjects.

### Health Visitor Training

This year two health visitors attended a course specially geared for the health visitor attached to the general practitioner and both found this very helpful.

### Student Health Visitors

Two students commenced their training in September, one at Stevenage and one at Ipswich.

### Management Training

For the first time the Authority has been able to send two domiciliary staff to a Management Training Course. This Course was held at the District Hospital in Peterborough and although geared mainly to hospital staff it was felt that not only did the domiciliary staff learn a little more of the hospital staff life, but also the hospital staff learnt a little more of the domiciliary staff and their work.

### Health Education

Health Education has progressed in some of the schools to the extent of having in one comprehensive school a really first class course on mothercraft. Throughout the year health visitors have talked to various organisations, such as young wives, Women's Institutes and

other clubs on various aspects of health education.

The Health Education Council Limited mobile exhibition featuring obesity was at the East of England Show in July and was manned by staff of the Health Departments of Cambridgeshire and Isle of Ely County Council and of this Authority. The staff attended in-service training provided by the personnel of the Health Education Council Limited prior to the Show. The exhibit included a television camera linked to a television set in order that people who were overweight could see for themselves how overweight they were.

#### Loan Equipment

During the past year the amount of equipment on loan at any one time has increased considerably. However, the demand was met and it was a rare occasion when an item could not be supplied at once. Items on loan include air rings, back rests, wheelchairs, hoists, ripple beds and commodes.

TABLE 17  
MIDWIFERY SERVICE

	County Area	City	Total
<u>Number of Domiciliary Confinements attended</u> <u>by midwives under N.H.S. arrangements</u>			
Doctor not booked	1	-	1
Doctor booked (Includes 58 cases delivered by Domiciliary Midwives in Maternity Units)	329	180	509
<u>Cases delivered in hospital and other</u> <u>institutions but discharged and attended</u> <u>by domiciliary midwives before 10th day</u>			
	1,895	796	2,691

TABLE 18  
HOME NURSING SERVICE

	County Area	City	Total
Total number of persons nursed during the year	1,672	990	2,662
Number of persons who were aged under 5 at first visit in 1970	60	2	62
Number of persons who were aged 65 or over at first visit in 1970	1,037	678	1,715

TABLE 19

## HEALTH VISITING

Cases Visited by Health Visitors	Number of Cases		
	County Area	City	Total
1. Total number of cases	9,225	5,213	14,438
2. Children born in 1970	2,512	1,343	3,855
3. Children born in 1969	2,115	697	2,812
4. Children born in 1965-68	3,386	1,359	4,745
5. Total number of children in lines 2-4	8,013	3,399	11,412
6. Persons aged 65 or over	367	404	771
7. Number included in line 6 who were visited at the special request of a G.P. or hospital	204	79	283
8. Mentally disordered persons	55	10	65
9. Number included in line 8 who were visited at the special request of a G.P. or hospital	34	1	35
10. Persons excluding Maternity cases, discharged from hospital (other than mental hospital)	43	13	56
11. Number included in line 10 who were visited at the special request of a G.P. or hospital	17	13	30
12. Number of tuberculous households visited	21	6	27
13. Number of households visited on account of other infectious diseases	32	3	35
14. Other cases	541	1,277	1,818
15. Number of tuberculous households visited by tuberculosis visitors	158	101	259

## VACCINATION AND IMMUNISATION

## (Section 26)

In recent years the protection indices in the County have compared unfavourably with those for England and Wales as a whole, and it is particularly disturbing to see that the number of children receiving reinforcing boosters against diphtheria, tetanus and smallpox has continued to fall. The "average" protection indices are in themselves unsatisfactory and are symptomatic of difficulties of organisation and, all too frequently, a lack of parental interest. Very few family doctors have the staff or indeed the time to regularly search through hundreds of records to identify which children are due for which antigen, and the task of maintaining accurate records of each child's vaccinal state is immensely time consuming.

However, several local authorities have achieved quite spectacular results in this field by the use of computers in the administration of their vaccination and immunisation campaigns. Moreover, primary immunisation levels of between 90 - 95% have been achieved in these counties by these automated methods, and continuing efforts are being made to improve these levels in future years.

The County Council's own computer was installed in August 1967, and when in the following years it was decided to increase its scope of work to non-financial applications, consideration was given to the possibility of transferring to the computer the somewhat complicated but routine tasks of birth recording, screening procedures for children at risk and the arranging and recording of primary vaccinations and immunisations. Several standard computer programs had already been written and were available for these aspects of preventive health work, and it was decided to adopt the more suitable of these, a system already in operation in the county of Buckinghamshire. The County Medical Officer and the County Treasurer of that authority readily agreed to members of my staff and of the County Treasurer's Department visiting their offices to discuss the administration and operation of their computerised methods, and I am indeed most grateful for their advice and assistance.

Under the new arrangements, which come into operation on 1st January, 1971, details of all children born in the County, including the City of Peterborough, and children transferring into the County are recorded on

magnetic tape. Records of children who are regarded as being in the special risk group, for example, are premature or where a congenital abnormality is detected at birth, are transferred to a separate computer "At Risk Register". The computer periodically produces report lists of the children who are due for examination, and it is hoped to gather as much information as possible concerning children on the register, in order that a more comprehensive assessment can be made of any handicapped or potentially handicapped children.

In addition, a separate immunisation record is created for each child in the County when the parental consent to vaccination and immunisation is obtained by the health visitor. This record includes the choice of immunisation centre and specifies the courses of immunisation for which a consent has been received. The details of all participating family doctors are also held on a magnetic tape file together with their chosen day or days for giving vaccination and immunisation.

Given this information, the computer will, at fortnightly intervals, examine the age of each child, the consent given, the vaccination/immunisation state, and will match this in accordance with the current Schedule of courses. If a vaccination or immunisation is due, the computer will make an appointment in accordance with the availability of the sessions as notified by the child's family doctor. A postcard is then printed addressed to the parent notifying the date, place, time of appointment and of the course to be given. A list of patients due to attend is also produced for each participating doctor, indicating for each patient the course to be given, and the time of appointment. After each immunisation session the appointment lists are returned to the County Health Department, with attendances and non-attendances marked. The details are then fed back into the computer to update the records and to provide the necessary information for further appointments.

Although the first computer-made immunisation appointments will not be produced in this County until mid 1971, it is the experience of other authorities operating similar systems that a considerable improvement in the protection indices is possible in the first year of operation. The improved methods will also result in a saving of time for family doctors and their attached staff.

The Local Executive Council, the Local Medical Committee have readily supported the introduction of the new arrangements, and over 90 per cent of general practitioners have now agreed to participate in the scheme. Even though the success of the new methods in this County has yet to be demonstrated, I

believe that substantially better protection levels will be achieved.

The proposed scheme applies only to primary courses of immunisation and I am now investigating the possibility of extending the arrangements to cover the reinforcing injections normally given at the age of five years. A letter has been given to all new school entrants this year in an effort to urge parents to obtain this protection for their children. It was most pleasing to see the response to my first letter in September when over 3,000 vaccinations and immunisations were required. The response from the parents of children entering school after Christmas has been equally gratifying.

### Smallpox Vaccination

1,105 children under the age of 16 received primary smallpox vaccination and 204 were revaccinated. These figures are similar to those for 1969, when the comparable figures were 1,100 and 226 respectively.

Although revaccination at five years of age or at school entry is advised by the Department of Health and Social Security, the actual number of children who have received revaccination continues to be disappointing.

### Measles

Routine prophylaxis against measles was continued, and 2,215 children were vaccinated during the year. Although this figure appears to represent a considerable increase over the comparable figure for 1969 of 1,532, this is not really the case, as there was a shortage of vaccine during that year.

The results for the current year, however, are encouraging, and it is hoped that this upward trend will continue.

### Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

It is particularly gratifying to note that there was a considerable increase in the number of children who received primary vaccination and immunisation, during the year.

The comparative figures for 1970 and 1969 are given in Table 20. There was a corresponding increase in the number of children receiving revaccination against diphtheria and tetanus, although there was a fall in the number of children who were given a booster dose of poliomyelitis vaccine. There are no specific recommendations regarding boosters for whooping cough.



TABLE 20

Completed Primary Course	1970	1969
Diphtheria	1,725	1,315
Pertussis	1,687	1,265
Tetanus	1,774	1,443
Poliovmyelitis	1,821	1,374
Reinforcing doses		
Diphtheria	2,198	2,039
Pertussis	735	610
Tetanus	2,601	2,283
Poliovmyelitis	2,053	2,242

TABLE 21

## SMALLPOX VACCINATION

Persons Aged Under 16

Age at date of Vaccination	County Area		City of Peterborough	
	Number of Persons Vaccinated (or Revaccinated) during period		Number of Persons Vaccinated (or Revaccinated) during period	
	Number Vaccinated	Number Revaccinated	Number Vaccinated	Number Revaccinated
0- 3 months	6	-	4	-
3- 6 months	3	-	5	-
6- 9 months	6	-	12	-
9-12 months	10	-	22	-
1 year	403	-	281	1
2- 4 years	535	44	217	10
5-15 years	142	160	51	45
Total	1105	204	592	56



TABLE 22

## VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1970

County Area (Excluding City of Peterborough)

## Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1970	1969	1968	1967	1963- 1966		
1. Quadruple DTP	-	-	-	-	-	-	-
2. Triple DTP	112	1140	360	34	38	2	1686
3. Diphtheria/Pertussis	-	1	-	-	-	-	1
4. Diphtheria/Tetanus	-	7	-	2	19	5	33
5. Diphtheria	-	4	1	-	-	-	5
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	4	1	-	2	48	55
8. Salk	-	-	-	-	-	-	-
9. Sabin	126	1155	414	45	66	15	1821
10. Measles	9	724	622	245	576	39	2215
11. Rubella	-	-	4	3	9	503	519
12. Lines 1+2+3+4+5 (Diphtheria)	112	1152	361	36	57	7	1725
13. Lines 1+2+3+6 (Whooping Cough)	112	1141	360	34	38	2	1687
14. Lines 1+2+4+7 (Tetanus)	112	1151	361	36	59	55	1774
15. Lines 1+8+9 (Polio)	126	1155	414	45	66	15	1821

## Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1970	1969	1968	1967	1963- 1966		
1. Quadruple DTP	-	-	-	-	-	-	-
2. Triple DTP	3	86	114	33	461	25	722
3. Diphtheria/Pertussis	-	-	-	-	12	1	13
4. Diphtheria/Tetanus	-	1	14	14	1307	107	1443
5. Diphtheria	-	-	-	2	13	5	20
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	1	5	7	55	368	436
8. Salk	-	-	-	-	-	-	-
9. Sabin	1	47	104	25	1668	208	2053
10. Lines 1+2+3+4+5 (Diphtheria)	3	87	128	49	1793	138	2198
11. Lines 1+2+3+6 (Whooping Cough)	3	86	114	33	473	26	735
12. Lines 1+2+4+7 (Tetanus)	3	88	133	54	1823	500	2601
13. Lines 1+8+9 (Polio)	1	47	104	25	1668	208	2053

TABLE 23

## VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1970

City of Peterborough

## Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1970	1969	1968	1967	1963- 1966		
1. Quadruple DTP	-	-	-	-	-	-	-
2. Triple DTP	238	809	169	40	78	19	1353
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	-	2	1	27	13	43
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	15	79	94
8. Salk	-	1	-	-	-	1	2
9. Sabin	228	812	149	43	148	89	1469
10. Measles	2	212	151	71	140	33	612
11. Rubella	-	-	-	-	-	66	66
12. Lines 1+2+3+4+5 (Diphtheria)	238	809	171	41	105	32	1396
13. Lines 1+2+3+6 (Whooping cough)	238	809	169	40	78	19	1353
14. Lines 1+2+4+7 (Tetanus)	238	809	171	41	120	111	1490
15. Lines 1+8+9 (Polio)	228	813	149	43	148	90	1471

## Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1970	1969	1968	1967	1963- 1966		
1. Quadruple DTP	-	-	-	-	-	-	-
2. Triple DTP	2	31	38	11	454	35	571
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	1	5	9	8	172	17	212
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	2	1	2	1	17	398	421
8. Salk	-	-	-	-	1	-	1
9. Sabin	14	45	41	19	573	391	1083
10. Lines 1+2+3+4+5 (Diphtheria)	3	36	47	19	626	52	783
11. Lines 1+2+3+6 (Whooping cough)	2	31	38	11	454	35	571
12. Lines 1+2+4+7 (Tetanus)	5	37	49	20	643	450	1204
13. Lines 1+8+9 (Polio)	14	45	41	19	571	391	1084

## AMBULANCE SERVICE

(Section 27)

The following information has been supplied by the County Ambulance Officer.

Introduction

The main feature of the County Ambulance Service development during 1970/71 was the extension to the control room and staff preparations for the reception of all emergency and routine ambulance calls to a central control in Peterborough. The introduction of training courses for serving ambulance drivers and the appointment of a Hospital Ambulance Officer at the Peterborough District Hospital to co-ordinate the transport journeys and ensure the maximum use of all ambulance transport calling at the Peterborough Hospital from every Ambulance Authority in the area was a further development.

Central Control - Peterborough

The Central Ambulance Control commenced operation on 5th October, 1970. Before this date the County Architect had extended the control room by making a temporary structure to provide accommodation for a two position telephone console for the reception of G.P.O. calls, a radio listening and answering post and an enclosed section for the operation of "telex" equipment. Four female despatchers were recruited to answer calls and one Leading Ambulance Driver was promoted to Shift Leader to assist the Senior Ambulance Control Officer in the day to day mobilising and organisation of the emergency and routine duties.

While the building work was in progress the Post Office Corporation altered the telephone layout and emergency calls are now received on a special key and lamp unit which is repeated on a supervisory position in the Ambulance Controller's desk so that emergency calls can be monitored. An out of area exchange line was provided from Huntingdon for Doctors in the southern half of the County to continue to use the same telephone facilities as in the Peterborough area without having to pay for subscriber trunk dialling calls. The direct Police/Fire line to the Mid Anglia Police Headquarters was linked to both Fire and Ambulance Control, enabling calls requiring both Fire and Ambulance crews to be alerted simultaneously.

"Telex" equipment is now used to pass all booked calls to Huntingdon and St. Neots Ambulance Stations. This teleprinter system has proved most satisfactory and enables the specially coded typewritten sheets to be used for both the forwarding of calls to Stations and the copy used by the drivers as their journey instructions to each ambulance crew.

### Training

During the year thirty six ambulance drivers attended courses of instruction at the Surrey, Essex and Leicestershire Ambulance Training Schools and two ambulance drivers have received awards for the highest placing on these courses. The three schools were used in order to obtain an adequate number of places both for recruits requiring initial training and for ambulance men in the two to five year category. Upon the satisfactory completion of a training course drivers are transferred to a higher pay classification. The Department of Health has now notified the County Ambulance Authority that during 1971/72 a Regional School will be opened at Markfield Sanatorium, north of Leicester, and all personnel from Huntingdon, Peterborough and St. Neots Ambulance Stations will then attend both recruits' and continuation courses at this Centre.

Two junior officers attended the Department of Health's Instructors Course at Wrenbury Hall, run by the Cheshire Ambulance Training School. Both officers failed to reach a satisfactory standard despite the fact that they had received preliminary training on the method of instructions at Civil Defence and Territorial Army Courses. This high failure rate caused great concern and an approach was made to the Department of Health to ask what standards were expected on these courses. An invitation was also offered to the Cheshire Training School to send an Instructor to these Headquarters in order to explain in detail the reasons for our officers failing to reach a satisfactory standard. Unfortunately the Department of Health declined this visit but arranged for their Senior Ambulance Advisor to visit this Authority, but to date it has not been possible for him to come to the County Ambulance Headquarters.

### Hospital Ambulance Officers

Mr. M.J. Ogden took up his appointment as Station Officer at the Peterborough District Hospital on 1st December, 1969. His duties have included the co-ordination of all ambulance journeys from and to the Hospital and to advise the clinics attached to the Hospital how to make the most economical use of ambulance transport. A Hospital Ambulance Liaison Committee has been

formed comprising the hospital staffs and the ambulance control officers which has undertaken useful work, particularly in the planning for major disasters. Since the closing of the Huntingdon Ambulance Station sub control in September, Ambulance Station Officer Summers has undertaken liaison duties of a similar nature to Mr. Ogden at the Huntingdon County Hospital and the Addenbrookes Group of Hospitals. The great weakness in the present arrangements for ordering ambulance transport is the lack of "telex" facilities at hospitals. If this teleprinter equipment was installed at all accident centres and general hospitals it would greatly reduce the congestion on the telephone networks and the repetitive actions of writing down calls which are received from numerous departments of most Accident and General hospitals. A study is being made of a computer system of appointments and ambulance transport requirements for the United Cambridge Group of Hospitals. It is thought that a Hospital Ambulance Officer appointment at Addenbrookes would be of greater benefit than an impersonal computer.

### Personnel

Despite close consultation with the representative organisations, the County Establishment Officer and the Ambulance Officers, a scheme to provide a more flexible system of duty with extra monetary benefit to the ambulance drivers was not accepted by the personnel. This was disappointing particularly as incentive bonus and productivity schemes are recognised as suitable tools to improve efficiency in local government service.

The recruitment of ambulance drivers to replace or fill vacancies proved difficult during the first part of the year, and it is clear that the Ambulance Sub Committee's decision to recruit women ambulance drivers may have to be implemented if suitable male recruits cannot be enrolled.

### Ambulance Vehicles and Equipment

Three replacement ambulances and one additional ambulance vehicle were received during the year. These are the last deliveries of the present chassis which has been in use for the last five years. The manufacturers have ceased producing this type of chassis and it will be necessary to consider re-designing the interior layout of new ambulances on a different type of chassis. During the year two "Laerdal" units were bought for the emergency ambulances. These are specially designed to assist the removal of mucus and phlegm from throat and airways in order to assist patients who have difficulty with breathing.



## Conclusion

The year ended in a very disappointing manner when ambulance crews in the County took part in a national "work to rule" in support of the manual workers pay claim. In my opinion there is no such thing as a "work to rule" in an emergency service as the day to day organisation has to be exactly the same with personnel and equipment ready for action at all times. The ambulance drivers decided not to undertake any overtime duty and refused certain administrative tasks, including answering the radio except for an emergency call. A number of complaints were received from patients who suffered as a result of the delays at hospital and a number of patients had to have their treatment cancelled or curtailed because it was impossible to guarantee their return home once they had been taken to the hospital.

It is to be hoped that this type of industrial action is not repeated as the dispute was with the National Joint Council for the Manual Workers Employers. The local action hurt the most innocent but important person to an Ambulance Service - the patient - who had no means of influencing the Employers' decisions. The County Ambulance Authority has asked the County Councils Association to examine the contract of service for ambulance drivers to see if this hardship to patients and the lowering of the ambulance service status can be avoided should there be a repetition of this type of irresponsible industrial action.

The medical practitioners in the County have recently become interested in the scheme operating in the North and East Riding of Yorkshire and recently extended to Norfolk County Council area, where a number of doctors volunteer to attend road accidents to assist ambulance personnel in the treatment of the victims.

The system in East and North Riding began in 1969 when members of the medical profession together with Ambulance, Fire and Police representatives met to discuss a new way to tackle injuries resulting from road accidents. In the very isolated communities of East and North Yorkshire the main difficulties facing the meeting was how to avoid delay in getting medical assistance to the patient. It should be noted that the emphasis was on delay not as a desire to improve the specialist skills at accidents. A pilot scheme was launched to measure the value of having doctors constantly available and four doctors from the more isolated sections of the East Riding had two way radio sets fitted to their own cars by the County Council.

The results were most encouraging and what became immediately apparent was the fact that often the doctor arrived at the scene of the accident before the Emergency Services. It is thought that in this County of Huntingdon and Peterborough where there are few isolated communities, where the road links are direct and where there is little chance of snow cutting off villages in direct contrast to areas on the East and North Yorkshire moors, which are often blocked by snow, there would be very few occasions when doctors would arrive before the Emergency Services. A further point to consider is the sites of the Accident Hospitals in the area, all of which have emergency accident teams who can assist when called by the Ambulance Service to the scene. The advantage of this team is the fact that the victim is treated in the same hospital from which the surgeons and nurses are mobilised and must be of advantage in assisting the patient to recover from his injuries.

A doctor accident scheme in the area does not seem to have the same benefits as East Riding, but the general practitioners are considering the scheme. If they are prepared to equip their cars with radio so that when needed the Ambulance Service can send them to the scene of an accident this would be of benefit to the Ambulance Service.

<u>Station</u>	<u>Vehicles</u>
Peterborough	13 ambulances 1 car ambulance 1 mobile control unit
Huntingdon	11 ambulances 1 mobile control unit
St. Neots	2 ambulances

### PERSONNEL

60 Driver Attendants and Leading Drivers  
 1 Control Officer  
 1 Deputy Control Officer  
 4 Control Despatchers  
 1 Telex Operator (part time)  
 2 Hospital Ambulance Officers

### Patients Conveyed

#### Direct Service

Emergency Calls	5,915
Pre-arranged	65,719
Hospital Car Service	6,706
Rail	42
	<u>78,382</u>

#### Mileage

Stretcher Ambulances	298,391
Clinic	172,360
Hospital Car Service	153,112
	<u>623,863</u>



## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

## Tuberculosis

There have been no alterations in the arrangements for the care and after-care of patients suffering from tuberculosis. The Consultant Chest Physicians, who are employed by the Local Health Authority on a part-time basis, carry out skin testing and B.C.G. vaccination of contacts. There are two Health Visitors who are responsible for the tracing of contacts and assist in the supervision of after-care.

TABLE 24

## B.C.G. VACCINATION

	County Area	City	Total
<u>Contact Scheme</u>			
Number skin tested	133	39	172
Number found positive	30	3	33
Number found negative	85	36	121
Number vaccinated	91	36	127
<u>School Children and Students</u>			
Number skin tested	2125	347	2472
Number found positive	41	6	47
Number found negative	1921	320	2241
Number vaccinated	1917	320	2237

### Mass Miniature Radiography Service

1970 saw the winding up of the Cambridge Unit of the Mass Miniature Radiography Service which served the entire County of Huntingdon and Peterborough.

This event took place following an appraisal of the regional need for chest x-ray services requested by the Department of Health and Social Security in 1969.

With the lower incidence of tuberculosis and the need to concentrate the facilities where they are most required in institutions, prisons, etc., it was recommended that the Mass Radiography Unit should be integrated with the chest clinic services under the control of consultant chest physicians at Cambridge and Peterborough District General Hospitals. This integration has been operational since April 1970.

### Renal Dialysis

During the year approval has been given to the adaptation of the homes of two persons residing in the City of Peterborough to enable the necessary treatment to be continued at home following their discharge from hospital.

### Provision of Incontinence Pads

The demand for the free provision of incontinence pads, on the recommendation of a doctor or nurse, continues to increase. During 1970, 27,500 pads were issued compared with 22,000 in 1969.

### Venereal Diseases

#### Contacts

Upon notification of contacts the appropriate District Medical Officer is informed. The contact is located and advised to visit the special clinics held at Addenbrooke's Hospital, Cambridge, or Peterborough District General Hospital.

The following information which has been supplied by the Physicians in charge of Clinic Centres at Peterborough, Cambridge and other towns shows the classification of cases attending the Clinics from within this County area during the year 1970. The total number treated was 562 compared with 326 for 1969.

Particulars of patients from the County of Huntingdon and Peterborough areas treated at the Venereal Diseases Treatment Centres during 1970 are given in the following table.

TABLE 25

	Cambridge		Peterborough		Other Centres	
	1970	1969	1970	1969	1970	1969
Number of persons dealt with for the first time and found to be suffering from:-						
Syphilis	-	1	9	8	-	-
Gonorrhoea	20	17	92	48	4	1
Other venereal conditions	102	64	317	171	18	16
Total	122	82	418	227	22	17

### Physiotherapy

Miss Sherwood, physiotherapist continues to help a large number of people in the County. She sees in the main old folk suffering from for example arthritis, hemiplegia and physical debilities, children with spastic, spina bifida and other handicaps.

On an average physiotherapy is given to 16 patients each week, the percentage of age categories being as follows:-

Children under 5	3.0%
Children of school age	70.5%
Working age population	.5%
Persons aged 65 years and over	26.0%

### Care of the Aged

A much greater awareness of the needs of the aged exists, especially with the Local Health Authority staff attachments to general practitioners, and in many practices special clinic sessions are held and regular home visits made to the elderly.

It is essential in order that the elderly can remain in their own homes for as long as possible that there is a close liaison between all the services involved - general practitioners and their attached staff, home helps, meals-on-wheels, domiciliary physiotherapist, chiropodists - and that these services should also be in close liaison with mental welfare officers, welfare officers, housing officers and geriatricians. With this in mind, the City of Peterborough Education Committee organised a Conference on the Care of the Aged in February, 1970, and invited staff and others interested in this work to attend. The Chairman was Dr. D.G. Duncan, Senior Administrative Medical Officer of the East Anglian Regional Hospital Board, and interesting and stimulating talks on various aspects of the care of the aged were given by a general practitioner, a consultant geriatrician, the City Treasurer, the Chairman of the County Welfare Committee and the City Health and Welfare Officer. There was a large attendance and much information was gained from the General Forum which followed the talks.

As Chairman of the Council of The Royal Society of Health for 1970, I was privileged to attend a Reception and Meeting for Members of the Society in Canada which was held in Toronto, and the American Public Health Association (Mental Health Section) in Houston, in October, and I was asked to give an Address on the Progress in the Care of the Aged in Great Britain at each of these meetings.

### Registration of Nursing Homes

At the end of the year there was one nursing home with 25 beds registered with the County Council.

Regular supervisory visits are carried out by the medical and nursing officers. At a visit early in 1971 the Principal Nursing Officer reported that there were six part-time state registered nurses and four part-time state enrolled staff, in addition to the Matron. Six auxiliaries were also employed. There was a total of seventeen patients in this Home.

## MENTAL HEALTH

Much voluntary work has been undertaken within the County by such Organisations as the Society for Mentally Handicapped Children, the Royal Air Force, Wyton, the Friends of St. Peter's and the Soke Wives Group (Round Table), in addition to many other individuals and parents of the mentally handicapped.

In June a Carnival was organised by the Society for Mentally Handicapped Children in Huntingdon and the proceeds, amounting to £865, made a substantial contribution towards the provision of a heated swimming pool for St. Michael's Work Centre.

Later in the year a former ship's motor life boat, which had been rebuilt, was officially handed to the St. Ives Society for the Mentally Handicapped. The boat "Jolly Roger" had been given to the Society by Mr. Adams, the managing director of the British India Navigation Steamship Company and had been rebuilt as a training project by the apprentice school of Tom M. Scotney Limited, St. Ives. It is available for use by the mentally handicapped for recreational purposes and for training. Hartford Marina have provided a mooring free of charge and the sergeant's mess at R.A.F. Wyton are giving £50 annually for running expenses.

In October the Royal Air Force, Wyton, gave St. Michael's Work Centre in Huntingdon a min-bus, valued at £600, for transporting trainees to and from the Centre for swimming instruction and for various other activities, which had been obtained from money raised by a fete in the summer.

The Friends of St. Peter's worked throughout the year organising various activities in order to provide additional equipment and comforts for this Work Centre, and the Soke Wives Group (Round Table) have adopted St. George's School, Peterborough, for a year.

The tremendous efforts made by Members of these Organisations is very much appreciated by the Health Committee and by the staff and trainees of the Schools and Work Centres.

The St. Ives and District Society for Mentally Handicapped Children have done a great deal of work on behalf of the mentally handicapped and their families, and it was with great regret that I learned of the sudden death of their former Chairman, Mrs. F.E. Walkey, on the 25th November, 1970. Her work will long be remembered and I am sure the Society will have difficulty in replacing such a hard-working officer.

### Mental Subnormality

The two schools for mentally subnormal children continued most satisfactorily under the headship of Mrs. E.M. Roberts. At the end of the year there were 43 attending St. Edward's School, Huntingdon, and 56 attending St. George's School, Peterborough. 11 children were attending St. Edward's Hostel at the end of the year.

The extensions at St. Edward's School, Huntingdon, to provide classrooms for an additional 24 children and a special care unit for 12 children were started. Unfortunately, the builder concerned was unable to complete the work and a delay arose whilst negotiations took place to enable another contractor to continue.

Negotiations have continued during the year regarding the extensions at St. George's School, Peterborough, to provide a special care unit for 12 children. This is well in hand and the Peterborough City Education Committee will consider the matter when they become responsible for the school in April 1971. The building of the extensions is included in the capital building programme for 1971/72.

St. Peter's Work Centre at Eye and St. Michael's Work Centre in Huntingdon have continued to have sufficient and varied work for the trainees throughout 1970. The C.S.S.D. work has been the main item of employment but has been supplemented with packaging and woodwork. At the end of 1970 there were 60 trainees at St. Peter's and 44 at St. Michael's.

The extensions to St. Michael's Work Centre to enable the centre to cater for 80 trainees should commence in 1971 and the necessary negotiations were in an advanced state by the end of 1970.

The Authority's first hostel for mentally subnormal adults, St. Augustine's, Huntingdon, has had a successful year and the number of residents gradually increased to 16 by the end of the year. The residents are encouraged to live a normal family life and take their share in helping with the gardens and other domestic duties. The hostel is designed to cater for 18 residents in three family units of six. Each unit has its own common room and toilet facilities. The residents have settled in well and enjoy sport and social activities organised by the warden.



The negotiations for another hostel at St. Andrew's were near completion by the end of 1970 and a start on site is hoped for in 1971.

Two instructors commenced their year's course in June 1970 to the National Association for Mental Health Certificate in September 1970 and it is hoped when they come back in September 1971 another two members of staff will commence the course.

### Mental Illness

There are no establishments within the County for the mentally sick but patients are sponsored for attendance at rehabilitation centres outside the County. Seven patients were attending day centres at hospitals at the end of the year.

The recruitment of mental welfare officers has continued to be a major concern. One trainee qualified during the year and within a month of qualifying had obtained a post with another Authority. A second mental welfare officer left the Authority's service in January 1971 to return to his home county. This left two mental welfare officers, one in the north of the county and one in the south, to continue this service. They were helped by three trainees who are able to be of considerable assistance. Despite repeated advertisements no suitable applications were received for the vacancies and it is hoped the new social services department will be able to offer a more complete service to both the mentally ill and the mentally handicapped persons of our community in the future.

The following tables set out the number of patients dealt with by the Mental Welfare Officers and cases referred to the Local Health Authority during the year 1970 and the source of information.

TABLE 26

#### County Area

	Male	Female	Total
Informal	33 (37)	43 (68)	76 (105)
Section 25	20 (7)	19 (8)	39 (15)
Section 26	2 (5)	1 (3)	3 (8)
Section 29	4 (7)	6 (18)	10 (25)
Section 60	1 (0)	0 (0)	1 (0)
Section 125	1 (0)	0 (0)	1 (0)

The figures in brackets relate to the 1969 totals.



## County Area

TABLE 27

Referred by	Mentally ill	Subnormal & Severely Subnormal	Total
General Practitioners	110	-	110
Hospitals, on discharge from in-patient treatment	30	6	36
Hospitals, after or during out-patient or day treatment	9	11	20
Local education authorities	1	14	15
Police and Courts	6	-	6
Other sources	46	13	59

## City of Peterborough

TABLE 28

Referred by	Mentally ill	Subnormal & Severely Subnormal	Total
General Practitioners	79	-	79
Hospitals, on discharge from in-patient treatment	50	2	52
Hospitals, after or during out-patient or day treatment	32	-	32
Local education authorities	-	7	7
Police and Courts	14	1	15
Other sources	10	-	10

The following tables show the number of subnormal and severely subnormal patients on the waiting list for admission to hospital, temporary admissions for residential care and the number of cases under Guardianship.

County Area (excluding City of Peterborough)

TABLE 29

	Subnormal	Severely Subnormal	Total
Number of patients on waiting list for admission to hospital at 31.12.70			
a) In urgent need of hospital care	1	5	6
b) Not in urgent need of hospital care	1	6	7
Number of admissions for temporary residential care during 1970 (e.g. to relieve the family):			
a) To N.H.S. hospitals	-	16	16
b) To L.A. residential accommodation	5	3	8
c) Elsewhere	-	1	1
Number under Guardianship at 31.12.70	-	1	1

City of Peterborough

TABLE 30

	Subnormal	Severely Subnormal	Total
Number of patients on waiting list for admission to hospital at 31.12.70			
a) In urgent need of hospital care	-	2	2
b) Not in urgent need of hospital care	1	1	2
Number of admissions for temporary residential care during 1970 (e.g. to relieve the family):			
a) To N.H.S. hospitals	-	7	7
b) To L.A. residential accommodation	-	3	3
c) Elsewhere	-	2	2
Number under Guardianship at 31.12.70	-	-	-

## HOME HELP SERVICE

(Section 29)

The Home Help Organiser reports:-

" The Home Help Service is available to those in need for medical or social reasons (e.g. old age, infirmity, physical disability, mental illness, maternity, family problems, pre-operative and post-operative care).

Home Help was provided for a total of 450 cases in the County area during the year. These figures show an increase on those for 1969, mainly in the southern part of the County and particularly in the over 65 year age group.

As will be seen from the Table below there was an increase in the Chronic Sick and 'Others' helped by the Service. 'Others' includes post-operative and social cases.

It is rewarding to note that the Home Help is being brought into a planning Home Making era. This could well be the aim for future training schemes, i.e. 'Home Help' - 'Home Maker'. The role could change to one of preparing meals planned economically and dietically in the home of the person with a need for specially prepared foods.

Also home conditions could be much improved for those who unfortunately are housebound for most of the rest of their lives - we can clean and do our best with what we have but there is much more we could do in the way of brightening the homes and lives of the housebound.

A presentation was made to Dr. G. Nisbet (County Medical Officer of Health) on behalf of the County Home Helps in appreciation of the help, guidance and support he has given to the Service over the years.

Having had an enjoyable and rewarding period of service with the Health Committee we now look forward to the future under the argus of the Social Services Department. It is very encouraging to learn that the Home Help Service is to be extended and that allowance will be made in revenue estimates for increased expenditure on the Service during the next three years. I am sure that there is a definite role for the Service to play in the integrated Social Services, and that we hope to continue to do much to relieve distress experienced by those in need."

TABLE 8

Number of cases where help provided:	1970		1969	
	County Area	City	County Area	City
(i) Aged 65 or over on first visit in 1970	332	432	326	417
(ii) Aged under 65 on first visit in 1970				
Chronic sick and tuberculosis	32	9	32	17
Mentally disordered	4	2	6	2
Maternity	24	19	26	23
Others	58	25	43	29
Total	450	487	433	488

#### Home Help Rally

Home Helps and their Organisers from all parts of East Anglia attended a Home Help Rally organised in this County in May. Delegates attending from other Counties assembled at Grafham Water Residential Centre for a picnic lunch and Mr. D.H.F. Paynter, Warden of the Centre, spoke on Social Education. In the afternoon the Rally continued at St. Peter's School, Huntingdon, where the Chairman of the Health Committee, Mr. County Alderman K.C. Archer, welcomed all those attending which numbered 300, and introduced the Speakers. Miss E. Carnegie-Arbuthnott, O.B.E., Home Help Organiser for the Greater London Borough of Camden, spoke on the International Scene and Mrs. L. Nepean-Gubbins, Principal Home Help Organiser for the London Borough of Southwark, spoke on her work in that Borough. Tea was served by members of the School Meals Service and I am sure all agreed that this was a most enjoyable day.

## 4 - NATIONAL ASSISTANCE ACT, 1948

Incidence of Blindness

There were 206 registered blind persons (92 male and 114 female) in the County on the 31st December, 1970, compared with 187 at the end of the previous year. During 1970 the number of cases certified blind on Form B.D.8 was 26 (9 male and 17 female). There were 16 inward transfers to the County during the twelve months.

The number of deaths of blind persons recorded during the year was 18 (6 male and 12 female), whilst 1 male and 4 female blind persons left the County.

The following table shows the ages of blind persons on the register at the 31st December, 1970. (Numbers on register at 31st December, 1969 are shown in brackets).

TABLE 32

0-	1-	2-	3-	4-	5-10	11-15	16-20
-	-	-	1	1	2	-	2
(-)	(-)	(1)	(-)	(-)	(1)	(-)	(2)
21-29	30-39	40-49	50-59	60-64	65-69	70 and over	Total
9	8	11	11	12	12	137	206
(8)	(6)	(12)	(11)	(12)	(9)	(125)	(187)

The number of cases in the County certified to be partially sighted during the year was 6. The number of partially sighted persons on the register at the end of the year was 55 (26 males and 29 females) compared with 53 (28 males and 25 females) at the end of 1969.

During the year 2 partially sighted persons were inward transfers to the County. Persons removed from the register as follows: 1 death, 5 certified blind.

The age distribution of partially sighted persons is shown in the following table:

TABLE 33

0-	2-4	5-15	16-20	21-49	50-64	65 and over	Total
-	1	5	8	10	2	29	55
(-)	(-)	(7)	(6)	(8)	(3)	(29)	(53)

In addition to those already registered as blind or partially sighted, in some 23 cases contact was being maintained in case they should subsequently become eligible for certification under the Act.

The following table shows the follow-up of registered blind and partially sighted persons.

TABLE 34

	CAUSE OF DISABILITY							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S
(1) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends:								
a) No treatment	(1) 4	(1) -	(1) 1	(-) -	(-) -	(-) -	(10) 11	(3) 2
b) Treatment (Medical, surgical or optical)	(2) 5	(1) 1	(3) 1	(1) -	(-) -	(-) -	(8) 2	(4) 3
(2) Number of cases at (1)(b) above which on follow-up action have received treatment	(-) 2	(-) -	(1) 1	(1) -	(-) -	(-) -	(1) 1	(2) 2

TABLE 35

Employment of Blind Persons

## (1) Homeworkers:

- 1 Musician
- 1 Chair seat repairer
- 1 Piano Tuner
- 1 Pig Breeder
- 1 Cane Worker
- 1 Paving Slab manufacturer (until June 1970)

- (2) 1 Assembler at Papworth Industries
- 2 Basket makers at Norwich Institution for the Blind
- 1 Basket maker trainee at Norwich Institution for the Blind

- (3) 1 Physiotherapist
- 1 Company Director
- 1 Shorthand/Typist
- 1 Assembler
- 2 Storemen
- 2 Labourers
- 1 Farmworker
- 1 Packer
- 1 Machine Operator

At the end of the year 20 blind persons were usefully employed.



## 5 - INFECTIOUS DISEASES

Notifiable infectious diseases ran at a somewhat lower level this year than last, there being about 200 fewer cases notified than in 1969.

Despite the County's scheme for vaccination against measles, there were over 700 cases of this condition in 1970, representing 64% of all notifications received. This is a somewhat disappointing situation and it is hoped that sufficient numbers of susceptible children will have been protected before further outbreaks of the infection arise.

An interesting feature to note this year is the rising incidence of infective jaundice, there being over 200 cases notified during the year. This is an increase of over 100 and represents 19% of the total notifications. The condition has predominated in the developing urban districts of Peterborough, Huntingdon, Godmanchester and St. Neots, and it may well be that the infection is being imported from other parts of the country.

Bacillary dysentery continued to feature fairly prominently during the year - 80% of the cases occurring in the City of Peterborough and the remainder being scattered sporadically over the more rural parts of the County.

TABLE 36

INFECTIOUS DISEASES NOTIFIED IN COUNTY  
for the year ended 31st December, 1970

District	Measles (excluding Rubella)	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute Polio- myelitis		Acute enceph- alitis		Leptospirosis	Paratyphoid Fever	Typhoid Fever	Food poisoning	Whooping Cough	Tetanus	Infective Jaundice	Tuberculosis				Smallpox	Ophthalmia neonatorum	Total
						Paralytic	Non-paralytic	Infective	Post-infectious								Respiratory	Meninges & C.N.S.	Other				
URBAN																							
Huntingdon and Godmanchester	67	4	4	-	1	-	-	-	-	-	2	-	1	-	-	19	2	-	-	-	-	-	99
Old Fletton	49	3	1	-	-	-	-	-	-	-	-	-	-	-	-	18	2	-	-	-	-	-	74
Peterborough	339	74	2	-	-	-	-	-	-	-	-	-	-	6	-	141	8	6	-	-	-	-	577
Ramsey	8	2	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	-	-	-	-	-	16
St. Ives	58	-	2	-	-	-	-	-	-	-	-	-	-	-	-	3	1	-	-	-	-	-	64
St. Neots	40	-	1	-	2	-	-	-	-	-	-	-	3	1	-	18	3	2	-	-	-	-	70
RURAL																							
Barnack	16	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4	1	-	1	-	-	-	20
Huntingdon	10	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	24
Norman Cross	31	1	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	35
Peterborough	36	1	4	-	-	-	-	-	-	-	-	-	-	20	-	5	-	-	-	-	1	-	67
St. Ives	68	-	2	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	73
St. Neots	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	10
Thorney	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	14
Total	736	94	16	-	3	-	-	-	-	-	2	1	9	36	-	216	18	-	11	-	1		1143

## 6 - MEDICAL HISTORY AND STAFF EXAMINATIONS

During 1970 a total of 413 candidates for employment in the Council's service submitted statements of their medical history compared with 347 during 1969. Following scrutiny of these forms by a medical officer in department 288 candidates were found to be fit to undertake the duties of the post for which they had applied.

Recommendations were made for 27 to be referred for medical examination and one for chest X-ray in view of the history given, and a further 42 for medical examination as being 45 years of age or over. 12 of the examinations required in these two categories were undertaken on the Council's behalf by medical officers employed by other Local Authorities as they were in their employ or residing within their area.

Arrangements were made for 5 persons seeking appointments with other Local Authorities to be medically examined by medical officers in department and for a further 5 to have chest X-rays taken.

38 applicants for the Fire Service and 7 for the Ambulance Service were medically examined by medical officers in the department.

In only 6 cases was the candidate's standard of health, following medical examination, certified to be unsatisfactory for employment in the Council's service, and in a further 2 cases the standard of health was such that a recommendation was made that the candidate should be employed on a temporary basis and the condition reviewed.

## 7 - THE COMPOSITION AND QUALITY OF FOOD AND DRUGS

I am indebted to the Chief Consumer Protection Officer for the following report which gives details of the work carried out by his Department under the Food and Drugs Act, 1955, and its ancillary legislation for the year ended 31st December, 1970.

"The County Council as the Food and Drugs Authority for the County, carry out the provisions of the Food and Drugs Act, 1955 and various orders and regulations associated therewith which deal with the composition and description, quality and Labelling of food and drugs. These duties are carried out by the Consumer Protection Department in conjunction with the Health Department.

The following is a brief summary of the work carried out during the year.

### 1. Milk Sampling for Composition and Quality

393 samples of milk were analysed and all but 6 were found to be satisfactory.

All the unsatisfactory samples were complaints from members of the Public and in the majority of cases concerned foreign bodies.

A bottle of milk was found to contain a bottle cap. As the cap was found to be sterile and a defence could be proved, the Dairy was cautioned.

A portion of leaf was found to be present in a bottle of milk but in view of the fact that the origin of the leaf was uncertain, a caution was issued.

Milk skin present in Sterilised Milk was found to be quite harmless and the processers have taken steps to minimise skin formation.

A few specks of non-viable fungus were found adherent to the inside of a milk bottle. However since the milk proved to be free from contamination the Dairy was cautioned.

A similar case concerned cement firmly adhered to the bottom of a milk bottle. Again in compliance with the complainant's wishes a caution was issued.

The remaining sample was a bottle of milk alleged to contain a caterpillar. The evidence in this case was not conclusive and in compliance with the complainant's wishes, a caution was issued.

2. Milk Sampling for Bacteriological and Biological Testing

355 samples were taken during the year and of these 6 were found to be unsatisfactory.

In all instances the unsatisfactory samples had failed the Methylene Blue test which is the test for keeping quality and in most cases this was due to overlong storage by the retailer. All retailers concerned have been suitably advised and repeat samples have proved satisfactory.

3. Antibiotics in Milk

40 samples were taken to detect the presence of Antibiotics and all but one were found to be satisfactory and free from contamination.

The unsatisfactory sample was taken from a consignment at the time of delivery to the Dairy. However, as the milk was from a farm which was not in the County the case was handed over to the Authority concerned.

4. Other Foods sampled for Composition and Quality

During the year a total of 168 samples were taken from all parts of the County, of these 26 were found to be unsatisfactory.

It should be noted however that 24 out of the 26 unsatisfactory samples were complaints received from the general public and considering the enormous quantities of satisfactory foodstuffs consumed in the County during the course of the year the percentage of unsatisfactory articles is very small.

It will be seen from the following reports on a few of the unsatisfactory samples, the problem today is not of adulteration but of "foreign bodies", mechanical failures and poor storage. Full details of all samples taken are given in the tables at the end of the report.

#### Beef Pie

A Beef Pie was found by a consumer to contain a short length of iron rod, possibly part of a nail. On taking the matter up with the manufacturers it was found that all reasonable precautions were taken to prevent such occurrences including the use of a metal detector in the final stages. In the circumstances in compliance with the complainants wishes a caution was issued.

#### Stewed Steak

A tin of stewed steak was found to contain a pigs tooth. On investigation it was found that in the cutting room pigs heads were being cut up for another product by a circular saw. It is thought the saw caught a tooth and projected it across the room into a prepared bowl of steak. Action has been taken to prevent a recurrence. Caution.

#### Pork Luncheon Meat and a tin of Baby Food

Were both found to be deteriorated when opened. In both cases the trouble was traced to a fault in the can which had allowed air to enter.

#### Bread

Four complaints were received concerning bread. A bread roll was thought to be stale. A loaf contained an insect Larval case. A take and Bake loaf was found to be mouldy and a bread roll was alleged to have contained a pin though there was no evidence to substantiate this. All these were dealt with by way of a caution.

#### Insects

Insects presented their usual troubles during the summer months. A fruit cake and a jar of Piccalilli were both found to contain

a wasp. Tins of peas were alleged to have contained a moth, and an earwig respectively. A carton of Yoghurt was alleged to have contained a beetle, and a packet of nuts and raisins contained a live caterpillar which had hatched out after they had been packed. Again in compliance with complainants wishes cautions were issued.

#### Labelling

In two instances manufacturers were contacted with a view to amending the labelling of their products, namely an instant milk powder and confectionery chocolate.

#### General

Several complaints were received where there was an element of doubt or where the trouble was of a minor technical nature and in these cases the only action taken was to advise the manufacturers accordingly.

In conclusion I would like to thank the Clerk of the County Council and his staff for their assistance and guidance in legal matters, the County Medical Officer of Health and his staff, the County's Public Analyst, Dr. S. Greenburgh and the Deputy Public Analyst Mr. J.D. Curzon."



TABLE 37

Article	Routine Samples		Complaints	
	Genuine	Not Genuine	Genuine	Not Genuine
Bread				4
Biscuits and Cakes	18			3
Sweets and Confectionery	11			
Preserves	11	1		2
Fruit Squashes & Drinks	15			
Beverages	4			
Cereals	3			
Milk Products	7			2
Butter	3			
Cheese	3			2
Dried Fruit	1			2
Potato Products	5			1
Meat Products	17	1		4
Minerals	8			
Tinned Fruit	4			1
Other Tinned Food	7			3
Patent Medicines & Drugs	14			
Cooking Oil	1			
Flavourings & Colourings	4			
Fruit & Vegetables	2			
Condiments	3			
Poultry				1
Total:	141	2	-	25
Milk - Heat Treated	336	6		
Milk - Antibiotic	39	1		
Milk - Untreated	13			
Milk - Quality	387			6
Total:	775	7	-	6

## **PART II**

# **ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER**

## 1 - MEDICAL INSPECTIONS

The number of pupils on the school registers at the end of the year was 24,422 compared with 22,945 in the previous year, an increase of 1,477. This is slightly more than last year when the comparative figure was 1,147.

Conditions under which medical inspections take place vary from school to school and generally speaking the larger schools tend to have less adequate facilities than the smaller ones. It does seem that if routine medical inspections are to continue in a satisfactory manner then much more thought and attention will have to be given to the provision of suitable medical accommodation when new schools are at the planning stage.

The practice of using child health centres for routine medical inspections has continued where these are situated near the school and this has helped to provide a more satisfactory environment for both the doctor and the pupil.

On some occasions it has been possible for two medical officers to undertake medical inspections concurrently where suitable accommodation is available and this has greatly helped to cut down the length of time involved at the larger schools with over 1,000 pupils on the roll.

The number of periodic medical inspections carried out during 1970 was 7,717 compared with 7,492 in 1969. Although the County was without the services of one School Medical Officer/District Medical Officer of Health, the percentage of pupils inspected in the periodic age groups was 31.6 per cent compared with 32.7 per cent in 1969.

Table 1

Type of School	Number of Schools	Number of pupils on Registers as at January 1971
Secondary Comprehensive	10	8,416
Primary	77	15,732
Nursery	1	94
School for Educationally Subnormal Girls	1	110
Totals	89	24,422

### General Health and Nutrition

During the year, no child of the total number inspected was classified as being in an unsatisfactory physical condition. To a great extent the conditions predisposing to malnutrition and poor health have gone and it is a "rarity" nowadays to see a child at school whose general health and nutrition was unsatisfactory.

The problem of obesity, however, which in a sense is a form of malnutrition, is still prevalent and it is surprising to see how increasingly difficult it is to get the pupils affected to realise the short or long term advantages of keeping within the average weight limits.

### School Nursing Service

This service continues to run efficiently. It includes hygiene inspections, assisting at routine medical inspections, dealing with social problems in individual families with school children and giving health education when appropriate.

Some of the larger schools with over 1,000 pupils on the roll, are getting to the stage when someone with nursing experience is required to deal with many incidents each day, and a great deal of "teaching time" can be lost if teaching staff are obliged to resolve these incidents satisfactorily.

Table 2

#### Hygiene Inspections

Total Inspections	38,954
Number of individual pupils found to be infested	147
Number of notices issued under Section 54(2) of the Education Act 1944	53
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	NIL

### Findings at Periodic Medical Inspections

During the course of periodic medical inspections 833 individual pupils were noted as requiring treatment or were in the course of having treatment; this figure is equivalent to 10.8% of the pupils inspected. Analysis of the figures reveals that 468 pupils (6.1%) had defective vision and 431 pupils (5.9%) had some other defect. These findings are very similar to those for 1969. Re-inspections numbered 1048 and 10 pupils were seen as special inspections. Re-inspections are probably the most rewarding part of the School Medical Officers work at periodic medical inspections as it is interesting to watch the effect on the child's educational progress of the various defects discovered.

## 2 - MEDICAL TREATMENT OF DEFECTS

Ophthalmology

I am indebted to the County Ophthalmologist, Dr. Wilson Taylor, for the following report:-

“During the year just completed 64 sessions were held at which 972 children were seen. Of these 184 were new cases, and 788 old. The number of spectacles prescribed was 437. Parents appear to be appreciative of the service. I am once again most grateful for the efficient assistance of nursing and clerical staff”.

	<u>Huntingdon</u>	<u>Stanground</u>	<u>Ramsey</u>
During 1970 the number of sessions were	42	17	5
The number of patients seen were:			
New Cases	136	40	8
Old Cases	481	241	66
Attendances	617	281	74
Cases for which spectacles provided:	280	131	26

Orthopaedic

I am indebted to Miss S. Sherwood, the Orthopaedic Physiotherapist, for the following report:-

“Following the decease in January 1970 of Mr. T.H. Dockrell, the Consultant Orthopaedic Surgeon, Manfield Orthopaedic Hospital, and the fact that this hospital is under the Oxford Regional Hospital Board and that this County is not in that catchment area, it was agreed with the Regional Hospital Board to discontinue as from June 1970 the Huntingdon and Peterborough Orthopaedic Clinics which were formerly staffed by surgeons from that Regional Hospital Board.

During the first six months of the year six clinics were held at Huntingdon and one at Peterborough, at which a Consultant Orthopaedic Surgeon was in attendance. Patients still requiring treatment at the end of this period were then referred to

their own General Practitioner for transfer, where necessary, to the nearest Orthopaedic Clinic appropriate to the patient's place of residence.

With the closure of the Orthopaedic Clinic and the concomitant Orthopaedic After Care Clinics, the total number of children requiring treatment was reduced thus enabling, as from September 1970, more time to be devoted to providing essential physiotherapy for the more severely handicapped children, such as those having Cerebral Palsy, Spina Bifida etc., in the various schools and centres in the County.

It has been possible for instance to increase the number of physiotherapy sessions at the Springfields Centre to at least three sessions per week and while this does not achieve the optimum of daily treatment for such children, it is an improvement on the one session per week which was all that time permitted when the orthopaedic scheme was in existence. The increase in the number of sessions at the schools has entailed quite a lot of re-organisation of timetables and 'room space' and I should like to thank all the teachers and staff, and in particular Mr. D. Williams, Head Teacher of Springfields Centre, for all their help and co-operation".

TABLE 3

## Analysis of Conditions

	Huntingdon	Peterborough
Postural Deformities	0	0
Pes Planus	25	1
Valgoid Ankles	13	2
Genu Varum	0	0
Genu Valgum	23	0
Toe Deformities	2	0
Miscellaneous	6	0
Pes Cavus	0	0
	<hr/> 69	<hr/> 3



TABLE 4

## Attendances at Surgeon's Clinics

	Huntingdon	Peterborough
Number of clinics held	6	1
Number of new cases seen	10	0
Number of attendances of school children	53	3

TABLE 5A

## Attendances at Physiotherapist's Clinic

	Huntingdon	Stanground	Ramsey	St.Ives	St.Neots
Number of clinics held	2	12	1	6	8
Number of attendances of school children	5	27	3	17	10

TABLE 5B

## Attendances of Physiotherapist at Schools

Number of visits made to schools	153
Number of treatments given at the school	623

## SPEECH THERAPY

I am indebted to the Speech Therapists, Mrs. M.J. Lincoln, Miss S. Cullingford, Mrs. E.A. Golding and Mrs. B.M. Brooks for compiling the following report:-

"The Speech Therapy Service has been fortunate in 1970 to have had an increase in the number of Therapists in the area.

In addition to Mrs. Lincoln, who has been working full-time, and Mrs. Golding (part-time), Miss Cullingford commenced in January 1970 working 5 or 6 sessions per week. Also, although we were sorry to lose the services of Mrs. Emery in the North of the County at Easter, we were very pleased to welcome back Mrs. Brooks on a part-time basis in April.

This increase in staff meant that the service could be expanded, the back-log of patients cleared, and more time devoted to the special schools in the area.

Consequently, by the end of the summer term, in addition to the regular visits made to schools, there were also sessions at :-

St. Edwards School (Mrs. Golding)	- 1 session per week
Springfields Education Centre (Mrs. Brooks)	- 4 sessions per week
Huntingdon Nursery School (Miss Cullingford)	- 1 session per week

and clinics held at Huntingdon, Ramsey, St. Ives and St. Neots.

It was also possible to achieve more in the way of seeing pre-school children at home.

During this year too, supportive therapy to anxious parents of speech defective children has, time and again, proved it's value.

In November, Miss Cullingford began working full-time and it therefore became possible to arrange two sessions a week at Orton Hall Special School, thus expanding again the scope of the Speech Therapy Department.

The total number of children seen during 1970 was 280, with 178 new admittances and 95 children being discharged.

As may be seen from the table the predominant defect was Dyslalia, although we are now being able to admit children earlier due to prompt and early referrals

in the pre-school age range. Treatment has been such that a number of these children have been able to achieve speech which is within normal limits for their developmental age prior to starting school at the age of 5.

Finally, we would like to thank all departments, G.P.'s, Health Visitors and Teachers from whom we have received referrals during 1970 and to thank them also for all their help during the year".

Speech Defects treated during 1970 in order of frequency

Dyslalia	•	181
Retarded Speech and Language Development	-	59
Minimal Cerebral Dysfunction	-	15
Stammer	•	14
Cleft Palate	•	5
Hearing Impaired	-	5
Dysphonia	-	1
		<hr/>
		280
		<hr/>

## Psychological Defects

I am indebted to Dr. Whitehead for his report on the Child Psychiatric Service in the northern part of the County and also to Dr. Gage for his report on the service in the south of the County.

### REPORT FROM DR. A. GAGE CONSULTANT CHILD PSYCHIATRIST, ON THE CHILD PSYCHIATRIC SERVICE IN THE SOUTHERN PART OF THE COUNTY FOR 1970.

“During 1970 the staff of the Cambridge Child Psychiatric Service have continued to see and treat the families of emotionally disturbed children from the southern part of the County of Huntingdon and Peterborough.

In spite of the fact that the service has remained understaffed in every department we have managed to see thirty more new cases than last year, i.e. an increase of over 50%. The waiting list has grown longer however as more new cases have been referred in the past twelve months. At the end of December 1970 thirty-six families were waiting for the first appointment, an increase of thirteen on the number on the waiting list on 31st December 1969.

While most of the work done with emotionally disturbed children and their families is carried out on an out-patient basis, there have been occasions when children have had to be admitted to a hospital ward, and increasing use has been made of the Hawthorns Hostel for Emotionally Disturbed Children in Cambridge.

It is with great sadness that the death of Dr. R.E. Glennie, Consultant Child Psychiatrist, in July 1970, is recorded. He was mainly responsible for the Child Psychiatric Services in this area taking the form they did and he will be remembered by everyone who had occasion to deal with him as a cheerful, warm-hearted, children's doctor who had the gift of inspiring affection in his patients and trust and confidence in the parents.

Dr. M.I. Platt, a very experienced child psychiatrist, has been able to help out in the past year by working several sessions a week in Cambridge, and the medical establishment was increased by the appointment of a Senior Registrar in Child Psychiatry who has run a weekly clinic at Huntingdon County Hospital.

Plans have been made to appoint two further consultants, who will participate in the Child Psychiatric Service clinics in Huntingdon.”

REPORT FROM DR. B.F. WHITEHEAD  
CONSULTANT CHILD PSYCHIATRIST, ON THE CHILD PSYCHIATRIC SERVICE  
IN THE NORTHERN PART OF THE COUNTY FOR 1970

“The appointment of the Senior Clinical Psychologist has provided a full diagnostic and treatment service. She has been able to provide skilled remedial help for a few selected children suffering from dyslexia, as well as her other duties and has also been able to give a service to the other hospital consultants, particularly the Paediatricians and the Adult Psychiatrists. She has proved of particular value in helping in the assessment of handicapped children, including the under fives.

The impending implication of the Seebolm Report has caused some anxiety about the future role of the Psychiatric Social Worker and at the present time the Senior Psychiatric Social Worker is a Hospital appointment by the Hospital Management Committee. Whilst it is clear that the social workers in the Local Health Authority will be under the direction of the Director of Social Services, there have been suggestions that Hospital Social Workers should be seconded to the hospitals by the Local Social Services Department.

It is important to realise that a psychiatric social worker has special skills, not only has she to be well trained in intensive case work with parents but this work can only be successful if undertaken in conjunction with the Psychiatrist treating the child under his guidance. As the patient or family is referred to the Consultant, it is his responsibility to see that all members of his team are acting in the patient's or family's best interests. The maintenance of the doctor/patient relationships and the confidentiality of treatment must at all times be preserved. Such work implies a close understanding between all the team members.

The contribution of the unique position of the psychiatric social worker does in no way prevent close liaison with other social workers. On the contrary during the last year there has been an increasing demand from other workers, especially the Children's Department, Probation Service and Child Welfare Service for consultation. Indeed it is foreseen that the clinic will need to provide a much wider and fuller consultative service for these departments.

During the year, a further social work student has been seconded from Stevenage for training and this will be expanded to provide training for two students per year.

Finally, the expansion of Peterborough is directly causing greater demands on the clinic. In particular some of these patients are severely ill. Many of them are older children with long standing illnesses. One is tempted to postulate that among the many factors involved one is that they may come from areas which lack facilities for early detection and treatment".

TABLE 6  
CHILD PSYCHIATRIC SERVICE  
Cases from the County of Huntingdon and Peterborough 1970

Cases seen by Consultant Child Psychiatrists from Chesterton					Cases seen by Consultant Child Psychiatrist at Peterborough District Hospital	Grand Total
New Cases seen	Huntingdon	Brookside	Addenbrookes	Total	Peterborough	
Number of new cases	48	27	14	89	58	147
Number taken on for treatment	34	16	8	58	38	96
Number placed under observation	9	9	3	21	-	21
Consultation	6	2	2	10	20	30
Source of Cases						
School Medical Officer	19	10	7	36	6	42
General Practitioners	18	9	5	32	30	62
Consultants	4	2	-	6	16	22
Magistrates	1	2	2	5	3	8
Others, including Children's Dept.	6	4	-	10	13	23
Cases under treatment brought forward from 1969	47	2	4	53	29	82

Number of cases on waiting list as at 31st December 1970:- 47



### Hearing Defects

I am indebted to Mr. C.P. Jones, the Adviser on the Education of the Hearing Impaired Child, for the following report:-

“As with most provision made by Local Education Authorities the need soon exceeds the provision. This has been so with the Hearing Impaired Service.

In the Authority as a whole there are over 100 children who are having difficulties in the learning situation caused through hearing impairment.

There is much written about co-operation between services for handicapped children and this is seen very much in this special field.

Children are being discovered very early and medical and educational help is given as a matter of urgency which is so vital if these children are to be given the opportunity to develop within the normal educational environment, and later to integrate with society.

The emphasis continues on getting the understanding of the problem to professional workers and to the public as a whole.

The problem of the more severely impaired child is not so much on getting him to speak but on giving him something to say.

When a child is discovered to have a hearing impairment the help that is provided is then upon a family basis not solely upon the child and this entails many visits to homes.

Group meetings are held regularly in parents homes when an opportunity is given for the parents to ask advice, to get to know each other and also an opportunity for the professionals involved to ask if we are fulfilling the needs of the family and of the child.

We have the finest equipment, we have fully trained teachers and we have parent support and with continued co-operation look forward to an ever developing service”.

### 3 - HANDICAPPED PUPILS

During 1970, 245 were accommodated in 72 different special schools, of these, 55 boys were at Orchard Street Special School for Educationally Subnormal Boys and 70 girls were at Orton Hall Special School for Educationally Subnormal Girls.

#### Blind and Partially Sighted

14 Pupils were classified as blind or partially sighted. 3, including 2 from the City of Peterborough being in special residential schools; one child from the City was awaiting placement in a special residential school for the blind. The remainder receiving special educational treatment in the ordinary schools.

#### Deaf and Partially Hearing.

35 Pupils were classified as deaf or partially hearing. 10 Pupils, including 4 from the City of Peterborough were accommodated in special residential schools and 1 partially hearing child was awaiting placement in a special residential school. The remaining pupils were receiving special educational treatment in the ordinary schools or some other form of special educational treatment. Supervision of these children is undertaken by the Advisers in Education of Hearing Impaired Children, who carry out a programme of auditory training, where appropriate, and liaise with the parents and the teachers in the education of the hearing impaired child.

#### Delicate

84 pupils were classified as delicate. 8 pupils, including 2 from the City of Peterborough, were accommodated in special residential schools, the remainder receiving home tuition or some other form of special educational treatment. The majority of children in this category comprise of those suffering from asthma and diabetes.

#### Educationally Subnormal

This category comprises the largest group of handicapped pupils being 36% of the total handicapped pupils on the Register. At the end of the year 186 pupils from the County were classified as educationally subnormal. This is similar to the previous year when the number on the Register was 183.

There was however an increase in the number of pupils accommodated in special schools there being 136 pupils in special schools during 1970 compared with 122 in 1969. In addition 10 pupils from the City of Peterborough were accommodated in special residential schools compared with 11 for the previous year.

### Epileptic

55 children were classified as Epileptic at the end of 1970 compared with 45 the previous year. 5 were in special residential schools and 1 was recommended for admission to a special school. The remainder were able to attend the ordinary school. Only where the condition cannot be adequately controlled by medication is a child recommended for education at a special residential school.

### Physically Handicapped

This, the second largest category of handicapped pupils, constitutes 23% of the handicapped pupils on the Register. 118 pupils from the County were classified as physically handicapped at the end of 1970 compared with 127 the previous year. 16 pupils from the County and 9 from the City were accommodated in special residential schools. Four pupils from the County were recommended for admission to a residential special school.

### Maladjusted

25 pupils from the County area were classified as maladjusted at the end of 1970, the comparable figure for 1969 was 18. This is a considerable increase and it is most difficult to find places at suitable special schools for them. At the end of the year 10 children were still awaiting placement.

### Speech Defects

There is no significant change in the number of children suffering from speech defects who were on the handicapped register at the end of last year. The figure for the County was 6 compared to 5 in the previous year.

### School Leavers

I am grateful to Mr. F.R. Gibbins, Social Worker for Handicapped School Leavers, for the following report:-

“A year which has flown by, partly due to the extra momentum relating to twelve leavers who were in residential Further Education or Training Centres, for periods ranging from three to twenty months. The intricate and long term needs of a high proportion of our handicapped leavers continue to manifest themselves, while a further deterioration in the employment situation during the latter half of the year, heightened the challenge.

The disposition of the 1970 leavers at the time of writing (mid January 1971) was as follows:-

<u>Potential Leavers</u>	<u>Total</u>	<u>109</u>
Staying at school - locally		
Comprehensive Schools	11	
Special Schools	3	
Home Teacher	1	
Residential Special School	1	16
Actually left		93

To Further Education/Training

At local Technical College - full time	4	
To Residential Centres	8	
(3 physically handicapped, and 5 featuring maladjustment, retardation or E.S.N., Emotional and/or material deprivation)		
To Adult Training Centre	5	17
		<hr/>
Remainder seeking employment		76
		<hr/>
In employment	62	
Unemployed	14	76
		<hr/>

Of the 62 in employment, 45 have held one job, 13 are in their second and only 4 have had 3 or more. This reflects creditably on all concerned. The enthusiastic teamwork at all levels of our Careers Advisory Service in this sector of their work is admirable.

Analysis of 14 unemployed

11 girls - 3 boys

3 are virtually unemployable.

2 have a planned programme of rehabilitation/training.

4 have personal and family problems and solutions can evolve only slowly.

5 can be taken as representative victims of the seasonal and national employment fall-off.

Comparatively, one can be fairly hopeful about all the above, given time, for they are but a few months out of School, as yet. Left to drift, however, there is plenty of potential for breakdown and moving on to the care of Probation or Mental Welfare Officers and possibly, to their related residential institutions. It should be noted in the above figures that to date, more pupils in this category receive extended education and training in our own local establishments than go elsewhere. A residential period is necessary however, when special facilities are needed or when removal, (even comparatively briefly, as is three months) is essential to enable growth, beyond the limits of a stifling, rigid or personality destroying home environment.

### Training Centres

One needs to be realistically optimistic in this task of aiding transition, but it is of interest that almost each year, there is at least one very E.S.N. leaver, who looks to have no alternative to a start at a Work Centre, yet who nevertheless shakes us by both getting and keeping a job, sometimes helped by a timely move of house from country to town. Experience shows that parental doubts about a child's attendance at Work Centre are rarely shared by the youngsters, in the event. Since the Centres opened, I can recall only two, both boys, who did not 'take' on introduction - one of them in the category first mentioned in this section. Indeed, these lively, happy communities, play a most important part in the scheme of things.

1970 saw the opening by the National Society for Mentally Handicapped Children of a second Multi-purpose Centre, including Courses of Transitional training for the E.S.N. This is Dilston Hall, near Hadrians Wall in Northumberland, and rather easier of access than the North Wales predecessor. The latter is starting an extra summer term in 1971, so that we now have two Centres, with all year round facilities and offering 3 month or extended courses as may be needed in individual cases. There are also to be modified two week Adventure Courses during the summer months. These Centres provide proven answers to the handicapped group having by far the largest numbers. Former trainees have maintained excellent employment and improved behaviour patterns, the first two submitted, for two years past. We still manage to make prompt placements after students return home.

I estimate, from current referrals, that some twenty cases annually can be found, needing this type of help, and with some urgency in relation to their long term prospects of survival as workers, and as effective citizens, rather than passengers. We cannot have that many places and problems of selection are eased by the proportion who cannot face the separation from home. Unfortunately, these often include those most in need of help and indicate the growing need for a local or regional Centre on similar lines.

### Work experience

With the continuing frustration of being denied "Week at Work" schemes tribute must be paid to the excellent simulated work projects at Orton Hall and Orchard Street Special Schools.

### Aftercare

Proper preoccupation with preparation for leaving, arranging Further Education, Training, work settlement and maintenance, narrows aftercare scope to the needs of those with most pressing and long term problems. From excellent examples encountered, the answer, both economical and effective, seems to lie in the development of a number of voluntary befrienders, especially in the outlying areas. Essentially, persons to be local contacts, especially in any emergency and a means of rapid communication with H.Q. when needed. Once established on the simplest basis, no doubt other helpful developments would follow.

In 1971, those formerly deemed ineducable, will begin to yield a quota of School Leavers.

Working with the least employable section of leavers sharpens ones awareness of the frustration of others, more able, who find no opportunity available for them. This seems to be one aspect of our economic situation which we should be less willing to tolerate for our young people. Similarly, every dip in the economy is immediately felt at lower employment levels and one also knows that it means that less resources will be available to meet general welfare needs, an item that is overlooked while the hard bargaining goes on".



TABLE 7

## HANDICAPPED PUPILS ON REGISTER ON 31st DECEMBER, 1970

Category	Recommended for admission to Special Schools	In Special Schools	Otherwise	Total
Blind	1 (1)	-	1	2 (1)
Partially Sighted	-	3 (2)	9	12 (2)
Deaf	-	3 (1)	-	3 (1)
Partially Hearing	1	7 (3)	24	32 (3)
Delicate	1	8 (2)	75	84 (2)
Educationally Sub-normal	18 (1)	146 (10)	33	197 (11)
Epileptic	1	5	49	55
Maladjusted	10 (2)	13 (7)	11	34 (9)
Physically Handicapped	4	25 (9)	98	127 (9)
Speech Defect	-	4 (2)	4	8 (2)
Totals	36 (4)	214 (36)	304	554 (40)

Figures in brackets indicate City of Peterborough pupils recommended for residential special schools and those who are in residential special schools, which have been shown in the main figure.

TABLE 8

The following table indicates the number and type of handicapped pupils who were admitted to Special Schools during the year.

Category	Residential	Day	Total Number of Pupils
Blind	-	-	-
Partially Sighted	2 (2)	-	2 (2)
Deaf	-	-	-
Partially Hearing	2 (2)	-	2 (2)
Delicate	2 (1)	-	2 (1)
Educationally Sub-Normal	15	13	28
Epileptic	-	1	1
Maladjusted	5	-	5
Physically Handicapped	3 (2)	-	3 (2)

Figures in brackets indicate City of Peterborough pupils, which have been shown in the main figure.

TABLE 9

NUMBER OF CHILDREN IN SPECIAL SCHOOLS OR HOSTELS  
DURING ALL OR ANY PART OF 1970.

BLIND		
Sunshine Home, Leamington	1	(1)
PARTIALLY SIGHTED		
Exhall Grange School, Coventry	2	
Blatchington Court School for Partially Sighted Boys, Seaford	1	(1)
East Anglian School, Gorleston on Sea	1	(1)
DEAF		
Hamilton Lodge School for the Deaf, Brighton, Sussex	3	(1)
Royal School for the Deaf, Derby	1	
Yorkshire Residential School for the Deaf, Doncaster	2	(1)
PARTIALLY HEARING		
Sedley Partially Hearing Unit, Cambridge	1	
Martley School, Worcester	1	(1)
Unit Training Centre, Mayfield School, Cambridge	1	
Burwood Park Technical Grammar School, Walton on Thames	1	(1)
Ovingdean Hall School, Brighton, Sussex	3	(2)
Pathways Unit, Condover Hall, Nr. Shrewsbury	1	
DELICATE		
Laleham School, Maidstone	1	(1)
St. Patrick's Open Air School, Hayling Island	3	(1)
Heathercombe Brake, Manaton, Newton Abbot, Devon	2	
Port Regia School, Broadstairs	1	
Windlestone Hall Residential School, County Durham	1	
Wennington School, Wetherby, Yorkshire	2	
Eden Hall Special School, Bacton, Norfolk	1	(1)
EDUCATIONALLY SUB-NORMAL		
Orchard Street School for E.S.N. Boys, Peterborough	55	
Orton Hall School for Girls, Orton Longueville	70	(7)
Littleton House School, Girton, Cambridge	15	(2)
Springhill School, Ripon	1	
Loddington Hall School, Northamptonshire	3	
Stubton Hall, Stubton, Lincolnshire	2	
Lady Adrian School, Cambridge	1	
East Hill House School, Colchester	2	(1)
Wilburton Manor School, Ely, Cambridgeshire	6	
Farmhill House, Stroud	2	
Philpota Manor School, West Hoathly	1	
Netherfield School, Crowborough	3	(1)
Darcy School, St. Osyth	1	
Grange School, Kempston	1	
Warwick Lodge, Colchester	1	(1)

Figures in brackets indicate City of Peterborough pupils at residential special schools, which have been shown in the main figure.

NUMBER OF CHILDREN IN SPECIAL SCHOOLS OR HOSTELS DURING ALL OR ANY PART OF 1970  
continued.

EDUCATIONALLY SUB-NORMAL		
Holme Park School, Rotherfield	3	(1)
Ashley Downs School, Lowestoft	1	
Crowthorne School, Edgworth	1	(1)
Larkhills Special School, Winchester	1	
EPILEPTIC		
Lingfield Hospital School, Lingfield, Surrey	2	
Turners Court, Benson, Oxfordshire	1	
MALADJUSTED		
Colne Cottage Hostel, Cromer	1	
Swalcliffe Park School, Nr. Banbury, Oxfordshire	3	(3)
Hailey Hill School, Hoddesdon, Hertfordshire	1	
The Bicknell School, Bournemouth	1	
Pitt House School, Rocklands, Chudleigh, Devon	1	(1)
Bladon House School, Newton Solney, Staffordshire	1	(1)
Hawthorns Hostel, Cambridge	3	
Potterspury Lodge, Towcester	1	(1)
Shotton Hall, Shrewsbury	2	
Peredur House, East Grinstead	1	
St. Dominic's School, Hambledon, Godalming, Surrey	1	
Farney Close School Ltd., Bolney Court, Bolney, Sussex	1	(1)
Marland School, Torrington, North Devon	1	(1)
St. Peter's Boarding School, Horbury	1	(1)
PHYSICALLY HANDICAPPED		
Roger Ascham School, Cambridge	1	
Penhurst Special School, Chipping Norton	1	
Thomas Delarue School, Tonbridge, Kent	1	
Ingfield Manor School, Billinghamurst	1	
John Capel Hanbury School, Woodford Bridge, Essex	4	(2)
Ian Tetley Memorial Home, Harrogate	1	(1)
Hawksworth Hall, Guiseley, Nr. Leeds	1	
Craig-y-Parc School, Penttyrch, Cardiff	1	
Chailey Heritage Craft School, Nr. Lewes, Sussex	3	(2)
John Greenwood Shipman Home, Dallington, Northampton	1	
Palace School, Ely, Cambridgehire	2	
The Warlies, Waltham Abbey	1	(1)
Irton Hall School, Holmbrooke	1	(1)
Florence Treloar School, Holybourne, Alton, Hampshire	1	
Corley Residential School	1	(1)
Wilfred Pickles School, Tixover Grange, Stamford	1	
Spina Bifida School, Sheffield	1	(1)

Figures in brackets indicate City of Peterborough pupils at residential special schools, which have been shown in the main figure.

#### 4 - INFECTIOUS DISEASES AND PROPHYLAXIS

##### Diphtheria

Again there was no case of diphtheria in the County during the year. It is pleasing to see that the number of pre-school children and school children receiving re-inforcing prophylaxis is greater this year. The figures for 1970 were 64 primary courses and 1,931 re-inforcing injections. The comparative figures for 1969 were 68 and 1,407.

##### Poliomyelitis

There was no case of poliomyelitis notified during the year. 81 primary courses were completed and 1,876 boosters given. Again a rather disappointing figure.

##### Pertussis

There is no recommended procedure for the boosting of pre-school and school children. 40 received primary courses and 499 boosters were given during the year.

##### Tetanus

Tetanus is not a notifiable disease and therefore there is no record of the incidence in the County. 114 pupils received primary courses and 2,323 pupils were given re-inforcing doses during the year. The comparative figures for 1969 were 188 primary courses and 1,641 boosters.

##### Smallpox

142 pupils between the ages of 5 and 15 years received primary smallpox vaccination and 160 were re-vaccinated.

##### Infectious Hepatitis

There were 44 cases of infectious hepatitis notified during the year which accounted for 19 per cent of all notifications of infectious diseases in school children. Although this is usually a relatively mild disease in childhood it can cause severe and prolonged illness in adults, who may contract it from the mild ambulatory case in children.

## Measles

155 cases of measles were notified during the year and accounted for 68 per cent of all notifications.

The vaccination campaign against measles was slowed the previous year due to a shortage of vaccine. During the summer of 1970 increased supplies of vaccine were made available. However, it was not until the high incidence of the disease occurred during the summer months that there was an increased demand for vaccination against measles. In September parents of children at all primary schools in the County were circularised and advised of the necessity of having their children vaccinated against measles. 615 children were vaccinated against measles during the year.

## B.C.G. Vaccination and Tuberculosis

There was no notification of tuberculosis in a school child during 1970. Whereas previously B.C.G. vaccination had been offered to all children aged 13 years and over, this was extended to all children aged 11 years and over. During the year 2,125 were skin tested and there were 41 positive reactors, this is equivalent to 1.9 per cent compared with 6.9 per cent for the previous year.

1,917 children were given B.C.G. vaccination.

A new feature this year has been the introduction of the "dermo-jet", an instrument designed to vaccinate uniformly large numbers of individuals without the use of the traditional "needle and syringe". This is proving a useful instrument and does much to relieve the anxiety of many children who find the usual injection procedure very disturbing.

## Rubella Vaccination

In July 1970 the Department of Health and Social Security advised that vaccination against Rubella was recommended for girls between their 11th and 14th birthdays. Initially supplies of vaccine were available to vaccinate girls between their 13th and 14th birthdays and the parents of girls within this age range were circularised in September advising them to have their daughters protected. Supplies of vaccine for this age group were limited between September 1970 and March 1971 and during the Autumn Term 1970 School Medical Officers visited Secondary Schools in the County to vaccinate girls within the prescribed age group whose parents had given consent and who had requested vaccination by the School Medical Officer. 512 girls received vaccination against Rubella during 1970.

TABLE 10

## SMALLPOX VACCINATION

Age at Date of Vaccination	Primary Vaccination	Re-vaccination
5 - 15 years	142	160

TABLE 11

Vaccine	Born in 1963-1966		Others under age of 16		Total	
	Primary Course	Reinforce- ing dose	Primary Course	Reinforce- ing dose	Primary Course	Reinforce- ing dose
Diphtheria	57	1793	7	138	64	1931
Whooping Cough	38	473	2	26	40	499
Tetanus	59	1823	55	500	114	2323
Poliomyelitis	66	1668	15	208	81	1876
Measles	576	-	39	-	615	-
Rubella	9	-	503	-	512	-



**TABLE 12**  
**B.C.G. VACCINATION**

School	Skin Tested	Positive	Negative	Vaccinated
Duke of Bedford	28	2	21	21
Hinchingbrooke	255	4	234	234
Kimbolton Grammar	158	4	152	152
Longsands	32	1	29	29
Orton Longueville Grammar	51	1	47	47
Orton Longueville Secondary Modern	73	1	69	68
Ramsey Abbey	200	3	188	187
Ramsey Modern	96	3	82	82
St. Ivo	535	6	481	480
St. Peter's	507	8	454	453
Sawtry Village College	37	2	31	31
Stanground Secondary Modern	153	6	133	133
<b>Totals</b>	<b>2,125</b>	<b>41</b>	<b>1,921</b>	<b>1,917</b>

TABLE 13

NOTIFIABLE INFECTIOUS DISEASES  
Children aged 5 - 14 years inclusive

District	Disease							Total
	Scarlet Fever	Whooping Cough	Measles	Dysentery	Food Poisoning	Infective Hepatitis	Acute Menin- gitis	
URBAN:								
Huntingdon and Godmanchester	1	-	23	1	-	10	-	35
Old Fletton	-	-	10	-	-	12	1	23
Ramsey	-	-	1	-	-	2	-	3
St. Neots	1	-	22	-	-	14	-	37
St. Ives	1	-	25	-	-	2	-	28
RURAL:								
Barnack	-	1	5	-	-	-	-	6
Huntingdon	-	-	6	3	1	-	-	10
Norman Cross	-	1	10	-	-	-	-	11
Peterborough	4	9	8	-	1	2	-	24
St. Ives	1	-	38	-	-	1	-	40
St. Neots	-	-	-	2	-	1	-	3
Thorney	-	-	7	-	-	-	-	7
Totals	8	11	155	6	2	44	1	227

## 5 - SCHOOL DENTAL SERVICE

I am indebted to the Principal School Dental Officer, Mr.I.O. Pinkham, for the following report :-

### “Staffing and Clinics

In spite of the optimism expressed in the previous year's report there has been little progress in the development of the Dental Service, which remains seriously understaffed. Owing to many hindrances beyond the control of the department the first phase of the development plan, due to be completed during 1970, failed to progress beyond paper plans so that it has not been possible to employ a dental auxiliary and the improved equipment, to permit modern techniques to be used to the full and attract young officers, has not been installed.

In addition to local difficulties, the national uncertainty resulting from the Government Green Paper and National Health Service changes did not make recruitment to local authority service any easier, and partly explains the practically nil response to the authority's advertisements. There remains, however, the competitive nature of recruitment between authorities for the few applicants available, and it is inevitable that the more wealthy authorities succeed by applying optimum salary scales and additional incentives.

It is sad to report that we could recruit only the services of both a part-time dental officer and a sessional orthodontic consultant by personal contact.

In January the Service was reviewed by a Dental Officer from the Department of Education and Science and provided an opportunity to clarify some misunderstandings and discuss possible improvements. Recognising the factors preventing the provision of a satisfactory service, the subsequent report supported the current organisation and proposed development.

### Inspection and Treatment

As in the previous year school inspections have been limited to primary school children and only urgent cases have been offered treatment. Again, tribute must be paid to the work carried out by general dental practitioners for school children in spite of the heavy National Health Service demands made upon them. Thanks are also due for the co-operation extended in attending to children when circumstances prevent the Service from dealing with them.

A slight improvement in staffing enabled more time to be devoted to the St. Neots area, and it is interesting to note the high acceptance rate quickly established when a fortnightly visit is replaced by three-fifths full-time attendance. No better evidence could support the need for a full-time service throughout the County.

Efforts to ensure annual inspections of primary children at Huntingdon and St. Ives did not prove entirely possible, but strict rotation of inspections will be maintained and confined to primary schools until staffing improves.

Demand at Stanground was such that all clinical time had to be devoted to voluntary attendances and school inspections could not be considered.

The Associate Principal School Dental Officer for the City of Peterborough reports as follows:-

It has not been possible unfortunately, due to the continuous staffing problem, to carry out many routine inspections and treatment of school children in the area.

With the demands for treatment being made directly to the Clinic by the patients there is little point in increasing this demand by routine school inspections when there is not the staff available to deal with the treatment.

The staffing ratio of one Dental Officer to approximately 18,000 school children in the City and County area is extremely poor and I feel that some new Clinics are essential to attract the necessary staff to this area. At the present we are using two rooms in the Town Hall as Dental Surgeries and there are no windows in either surgery! The waiting room consists of a wooden partition in the corridor. These premises are most unsuitable for carrying out dentistry on young people and also unattractive for the Surgeons who have to work in them.

I would like to suggest the use of a modern mobile caravan fitted out as a Dental Surgery for use in the outlying schools. If the working conditions are improved I am sure we could attract the staff to this area.

I would like to point out that the standard of Dental Health and the awareness of the school population to oral hygiene is much better than it was ten years ago

Fortunately in this area the local General Dental Practitioners are very helpful in seeing as many children as they possibly can.

I am very grateful to Mr. Fulstow, the Consultant Orthodontist, who attends one session a week for the treatment of Orthodontic cases and for his advice so readily given on orthodontic problems. Also to Dr. McCombe for administering general anaesthetics.

I would also like to thank the Dental Nurses for their continued hard work and loyal service.

### Dental Health Education

Following the resignation of the dental hygienist early in the year it has not been possible to sustain the dental health education programme as well as had been hoped. However, the health visitors and school nurses have continued their efforts in this field, for which appreciation is expressed, and with continued co-operation of teachers it has been possible to ensure that the subject has not been completely neglected.

### Conclusion

The School Dental Service remains desperately understaffed with a whole-time equivalent ratio of one Dental Officer to 12,750 children, compared with the ideal ratio of one to 3,000. The hopes of last year remain the hopes for next year, and the determination to develop a true Service remains steadfast".

## 6 - HEALTH EDUCATION

This year we have once again continued with mothercraft classes in the comprehensive schools and in one these have proved very popular and of great help. Films have also been shown on request and members of the local health authority have been present at discussions in various schools. Posters have been distributed at intervals within the schools and members of the local health authority have been readily available to answer questions and help in any health education matter with members of the staff and pupils.

## 7 • OTHER SERVICES

### Medical Examination of Teachers and Entrants to Training Colleges

During the year 202 candidates for admission to training colleges for teachers and 36 entrants to the teaching profession were examined by School Medical Officers.

### Children and Young Persons Act 1933 - Employment of Children Byelaws

3 children were examined by School Medical Officers under the Byelaws in connection with employment during holidays or outside school hours. In each case the Medical Report showed that the proposed employment would not be prejudicial to the health or physical development of the child and would not render him unfit to obtain proper benefit from his education.

### Physical Education

I am grateful to the organisers of physical education, Mr. G.F. Lumley and Miss G.E. Biscoomb, for the following report :-

#### “Primary School Physical Education

A course in creative movement for teachers of infants was held in February. Twenty teachers attended three afternoon sessions at Sapley Park C.P. School, Huntingdon, saw work with a class of 5 and 6 year old children and took part themselves in practical movement. A similar course was held in Peterborough in May and June in collaboration with Peterborough Teachers' Centre, and was attended by 25 teachers.

Items of large fixed and portable gymnastic apparatus were supplied to five existing primary schools and to three new ones. Orders for games equipment and small apparatus for all primary schools were drawn up and despatched.

### Games

#### (1) Association Football

Games programmes were again dislocated by bad weather in the spring term. Of four football tournaments arranged for primary schools in the spring term only one was actually played. One of three similar tournaments in the autumn term was also cancelled.

## (2) Hockey

An under-18 County girls' hockey team competed at the Crystal Palace National Recreation Centre in November in the Eastern Counties Schools Tournament. Two girls, one from Orton Longueville School and one from Peterborough County Grammar School, were selected for an Eastern Counties combined team.

## (3) Netball

Netball tournaments were again held in March and November for primary schools. An open tournament of a non-competitive nature was also held in May and was attended by more than 100 children. Boys as well as girls play netball in the small schools.

A demonstration of junior netball rules was given to teachers in September with the help of girls from St. Peter's School, Huntingdon.

During the year a County Netball Association was formed and this will help to co-ordinate work in schools, youth clubs and adult clubs.

## (4) Rounders

A junior schools rounders tournament held during the summer term attracted 34 teams this year. Rounders is widely played as a summer game by both boys and girls in primary schools.

## (5) Tennis

Four coaching centres were arranged in conjunction with the Lawn Tennis Foundation and the County Lawn Tennis Committee for children from 9 to 18 years old. These were at Peterborough, Needingworth, St. Neots and Huntingdon. Two advanced courses were held in July for selected players under 18 and four girls from Hinchingsbrooke School attended a course for selected players at Wymondham College, Norfolk.

## (6) Cricket

The County Games Coach carried out weekly coaching visits to three secondary schools and to the Duke of Bedford School, Thorney, during the summer term. After-school sessions for potential county school players were held at four centres, and under 15 age group county games against four neigh-



bouring counties were played. From 10th to 15th August 14 players and two staff assembled at Grafham Water Residential Centre for the County Youth Cricket week. The programme included net practice, lectures, films and three matches.

### (7) Swimming

New learners' pools at Priory Junior School, St. Neots, Spaldwick, Bluntisham, Castor and Ramsey Mereside were opened. Four other schemes were begun and heating schemes were installed at six existing primary school pools. Although at the end of the year in the county area there were still 16 primary schools with pupils of junior ages without pools of their own, at only two places, Helpston and Bury, and at one secondary school, Arthur Mellows Village College, Ginton, was it not possible for at least some pupils to receive swimming lessons. Proposals for a further eight learners' pools received consideration by the Swimming Pools Sub-Committee before the end of the year.

The deep water 25 metre indoor heated pool at St. Ivo School was formally opened by Mr. Eldon Griffiths, M.P., on 4th September, 1970. The opening of this pool marks the successful end of more than 20 years of effort to get a swimming pool at St. Ives and this project was only achieved through the co-operation of the County Council, St. Ives Borough Council and St. Ives Rural District Council.

The campaign to impress on teachers the need for training in safety precautions in, on, and near water continues, and over 1100 pupils, mainly from primary schools, gained the non-swimming water safety award of the Royal Life Saving Society during the year.

A primary schools swimming gala was arranged at Huntingdon Swimming Pool in July by the Primary Schools Swimming Association.

A one-day course for teachers of swimming in primary schools was held at Sawtry Village College in May and was taken by the National Coach of the Amateur Swimming Association. This consisted of demonstration lessons with classes of children of ages ranging from lower junior to secondary level. Ninety teachers attended from City and County Schools.

Three-session courses in expired air resuscitation for parents at Spaldwick and for teachers in Peterborough were arranged in the spring and autumn respectively.

### (8) Camping

The school camp for primary schools was held at Beresford Dale, near Buxton, Derbyshire, for five weeks in June and July, and was attended by 65 children with their teachers each week. In all eighteen schools sent parties, but the camp was unable to accommodate all who wanted to go.

Six groups of from 6 to 8 boys each from secondary schools spent a week at Stibbington Adventure Centre in the autumn term. Camping and canoeing were the main activities along with some walking and cycling. During the Easter holiday two camping and gliding groups from secondary schools visited the Yorkshire Gliding Centre at Sutton Bank, near Thirsk, for 7-day courses, and during August two groups from Peterborough Technical College also attended gliding courses.

The expenses of these expeditions and of the primary school camp were met by the pupils themselves.

### (9) Athletics

School and primary and secondary inter-school athletics meetings were held in the summer term. The National Cross-Country Championships for girls were held at Milton Park, Peterborough in March, and in spite of snow on the ground races in three different age groups were successfully run. Over 900 girls from all over England took part.

A two-day residential course for young athletes was held at Sawtry Village College during the last week-end in April and was attended by 83 boys and girls from secondary schools. This was the sixth course of this type to be held. Bad weather this year made outdoor work difficult.

### (10) Sailing and Canoeing

A well supported regatta for sailing dinghies was arranged at Grafham in June by the School and Youth Sailing and Canoeing Association. Subsequently four crews were entered in the National Schools Regatta which was held in tidal waters at Felixstowe in July. The canoe section arranged a successful one-day course at St. Ives followed by canoe races between St. Ives and Huntingdon on the River Ouse at the end of May.

### (11) Teachers' Conference

A one-day Conference on Physical Education in the Comprehensive School was held at Grafham Residential Centre in September, and was attended by nearly 50 Heads, Deputy Heads and Physical Education Teachers. The main speakers were the Director of Education and Chief Inspector of Schools for Coventry, where Comprehensive education has been in force for many years, and the H.M.I's for Physical Education in the Eastern Region.

### (12) Other Activities

These have included two weeks spent by Miss Biscombe at Chelsea College of Physical Education, where she lectured to 50 Canadian teachers on primary physical education, arrangement of visits to primary schools for American professors of education, attendance by both advisers at various working parties and sub-groups of the Joint Social Facilities Committee of Peterborough Development Corporation, and at meetings of the County Playing Fields Association, Eastern Sports Council, Duxford Sports Centre committee, Sports Councils in Peterborough and Huntingdon, the County Sports Conference, Schools Sailing, Sports, swimming and athletics committees."

### School Meals

I am indebted to the School Meals Organiser, Miss E.M. Hawkins, for the following report :-

"Although the school population increased in 1970 the percentage of pupils taking school dinners was slightly less than in the previous year. This decline was no doubt due to the increase in April 1970 in the charge for school dinners from 1/6d (7½p) to 1/9d (9p) per meal. The number of pupils taking school dinners in September 1970 was 17,462, compared with 16,707 during the same period in 1969. Expressed as a percentage of the number of children on roll in 1970 the figure of 17,462 represents a drop of 2.5% from 79.3% in 1969 to 76.8% in 1970.

During the schools summer holidays alterations and extensions were carried out on the kitchens at Orton Longueville Comprehensive School and Arthur Mellows Village College to accommodate the increased numbers of dinners to be provided at these schools. The work at Orton Longueville Comprehensive was not completed until December and dinners had to be provided from other canteens in the area until the work had been completed.

In July 1970, Yelling C.P. School was closed and therefore the scullery at this school was no longer required. At the same time the canteens at Brampton County Junior and Fenstanton County Primary Schools were demolished to make way for the building of new canteens. This work is still in progress and, in the meantime, school dinners are being provided from other canteens in the respective areas.

New kitchens were opened during the year at the following schools :-

Upwood C.P.	)	
Stanground St. John C.E.	)	To replace sculleries
Northborough C.P.	)	
Hinchingbrooke Middle		

The number of schools receiving school meals	89
The number of children receiving school meals	17,462
The number of kitchens completed and supplying meals	70
The number of sculleries erected or adapted and in use	20
The total number of full-time staff employed	1
The total number of part-time staff employed	836

### School Milk

The number of schools receiving milk under the School Milk Scheme	80
The number of schools having no supply of milk	Nil
The number of children receiving milk at school on 31st December, 1970:-	
In Nursery Schools	88
In Primary Schools	12,806
Total number of children receiving milk	12,894

Non-maintained schools supplied with milk, details of the number of pupils on registers, number taking milk. All schools were supplied with pasteurised milk.

Schools	Number of Pupils on Registers	Number of Pupils taking milk
Kimbolton	80	75
Whispers	65	61

## IMPROVEMENTS TO SCHOOL PREMISES FOR THE YEAR 1970

## New Premises Taken into Use :-

## New Schools:

Bury C.E. School.

## Mobile Classrooms:

Northborough	1	
St. Neots Marys	1	
Thongsley Infants	1	
Brampton Jnr.	2	
St. Ives Thorndown School	2	
Hemingford Grey C.P.	3	
Eye C.E.	1	
St. Neots Priory Jnr.	1	
Bluntisham C.P.	1	
Orton Jnr.	1	
Eaton Socon	1	
Orton Comprehensive	1	
Wittering Infants	1	
Somersham C.P.	1	)
Godmanchester	1	)
Longsands School, St. Neots.	6	)
Thongsley Infants	1	) Transferred from
Winhills Infants, St. Neots	1	) other schools
St. Ives Thorndown School	1	)
Duke of Bedford School	1	)
Barnack	1	)

## Additional Accommodation:

St. Ivo School, St. Ives	- 3 F.E. Instalment and Swimming Pool
Hinchingbrooke School	- Completion to 7 F.E.
Arthur Mellows Village College	- 1 F.E. Extension
Northborough C.P. School	- Completion to 5 Class School with School Meals Kitchen.

## 8 - STATISTICAL TABLES

## A. COUNTY AREA (EXCLUDING CITY OF PETERBOROUGH)

## PART I. Medical Inspection of Pupils attending Maintained and Assisted and Secondary Schools (including Nursery and Special School).

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age of Groups inspected (by year of birth)	No. of Pupils inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
			No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1966 and later	166	166	-	2	11	12
1965	1,213	1,213	-	26	96	107
1964	1,148	1,148	-	19	88	97
1963	1,520	1,520	-	10	19	26
1962	315	315	-	5	5	10
1961	184	184	-	7	7	14
1960	584	584	-	62	47	94
1959	898	898	-	42	39	78
1958	378	378	-	27	22	43
1957	319	319	-	24	12	35
1956	499	499	-	55	17	69
1955 and earlier	1,493	1,493	-	189	68	248
TOTALS	7,717	7,717	-	468	431	833

## COUNTY

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	10
Number of Re-inspections	1,048
Total	1,058

TABLE C - INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	38,954
(b)	Total number of individual pupils found to be infested	147
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944)	53
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	Nil



## COUNTY

## PART II - Defects found by Medical Inspections during the year.

## PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T	33	16	16	65	-
	O	23	3	11	37	-
Eyes (a) Vision	T	65	231	172	468	-
	O	80	38	65	183	-
(b) Squint	T	40	4	11	55	-
	O	21	3	5	29	-
(c) Other	T	4	4	5	13	-
	O	3	3	2	8	-
Ears (a) Hearing	T	19	15	11	45	1
	O	92	12	28	132	1
(b) Otitis Media	T	6	-	-	6	-
	O	10	1	2	13	-
(c) Other	T	2	-	1	3	-
	O	2	-	-	2	-
Nose and Throat	T	14	5	11	30	-
	O	59	1	25	85	-
Speech	T	33	1	9	43	2
	O	41	1	2	44	2
Lymphatic Glands	T	-	1	-	1	-
	O	20	-	5	25	-
Heart	T	1	-	2	3	-
	O	11	12	7	30	-
Lungs	T	17	6	11	34	-
	O	36	6	15	57	-
Developmental						
(a) Hernia	T	2	-	-	2	-
	O	3	-	3	6	-
(b) Other	T	7	1	6	14	-
	O	32	8	18	58	-
Orthopaedic						
(a) Posture	T	-	1	3	4	-
	O	4	2	4	10	-
(b) Feet	T	13	4	14	31	-
	O	26	1	8	35	-
(c) Other	T	12	5	7	24	-
	O	13	6	7	26	-

## COUNTY

## PART II - Defects found by Medical Inspections during the year (Continued)

## PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspection				Special Inspections.
		Entrants	Leavers	Others	Total	
Nervous System						
(a) Epilepsy	T	3	1	2	6	-
	O	6	6	2	14	-
(b) Other	T	2	3	2	7	-
	O	6	2	5	13	-
Psychological						
(a) Development	T	2	1	5	8	-
	O	35	18	40	93	-
(b) Stability	T	1	2	5	8	-
	O	39	10	12	61	-
Abdomen	T	2	2	0	4	-
	O	16	5	8	29	1
Other	T	7	6	10	23	-
	O	39	9	12	60	1

T - Treatment

O - Observation

## PART III - Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	5
Errors of refraction (including squint)	1,087
Total	1,092
Number of pupils for whom spectacles were prescribed	494

## COUNTY

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:-	
(a) for diseases of the ear	22
(b) for adenoids and chronic tonsillitis	93
(c) for other nose and throat conditions	12
Received other forms of treatment	53
Total	180
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1970	9
(b) in previous years	17

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or outpatient departments	343
(b) Pupils treated at school for postural defects	6
Total	349

TABLE D - DISEASES OF THE SKIN

	Number of cases known to have been dealt with
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	-
Impetigo	-
Other Skin Diseases	-
Total	-

## COUNTY

TABLE E - CHILD PSYCHIATRIC TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Psychiatric Clinics	229

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	357

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	1,917
(d) Other than (a) (b) and (c) above: Enuresis alarms	85
Total	2,002

## COUNTY

## DENTAL INSPECTION AND TREATMENT

INSPECTIONS

	Number of Pupils		
	Inspected	Requiring treatment	Offered treatment
(a) First inspection - school	4945	) 3648	) 2156
(b) First inspection - clinic	934	)	)
(c) Re-inspection - school or clinic	57	41	41
Totals	5936	3689	2197

VISITS (for treatment only)

	Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
First visit in the calendar year	364	446	48	858
Subsequent visits ... ..	656	1081	84	1,821
Total visits... ..	1020	1527	132	2,679

COURSES OF TREATMENT

Additional courses commenced ...	23	23	7	53
Total courses commenced ... ..	387	469	55	911
Courses completed ... ..				667

TREATMENT

Fillings in permanent teeth ...	530	1350	125	2,005
Fillings in deciduous teeth ...	405	112		517
Permanent teeth filled ... ..	411	1107	104	1,622
Deciduous teeth filled ... ..	368	108		476
Permanent teeth extracted ...	35	205	16	256
Deciduous teeth extracted ..	527	261		788
Number of general anaesthetics	58	24	Nil	82
Number of emergencies	72	59	13	144

Number of pupils X-rayed ... ..	21
Prophylaxis ... ..	412
Teeth otherwise conserved ... ..	42
Teeth root filled ... ..	3
Inlays ... ..	Nil
Crowns ... ..	7

## COUNTY

## DENTAL INSPECTION AND TREATMENT (continued)

ORTHODONTICS

New cases commenced during the year  
 Cases completed during the year  
 Cases discontinued during the year  
 Number of removable appliances fitted  
 Number of fixed appliances fitted  
 Number of pupils referred to Hospital  
 Consultants

19
8
Nil
14
Nil
Nil

DENTURES

Number of pupils fitted with  
 dentures for the first time:-

(a) with full denture

(b) with other dentures

Total

Number of dentures supplied  
 (first or subsequent time)

Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
Nil	Nil	Nil	Nil
1	Nil	Nil	1
1	Nil	Nil	1
1	Nil	Nil	1

ANAESTHETICS

Number of general anaesthetics administered by Dental Officers

32

SESSIONS

	Adminis- trative sessions	Number of clinical sessions worked in the year					Total sessions
		School Service			M. & C.W. Service		
		Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education	
Dental Officers (incl. P.S.D.O.)	Estimated 28	28	499	2	13	Nil	542
Dental Auxiliaries			Nil	Nil	Nil	Nil	
Dental Hygienists			2	7	Nil	Nil	9
Total	Estimated 28	28	501	9	13	Nil	551

## B. CITY OF PETERBOROUGH

## PART I. Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age of Groups inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
		No.	No.	(5)	(6)	(7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1966 and later	55	55	-	1	3	4
1965	465	465	-	14	34	41
1964	709	709	-	27	50	76
1963	57	57	-	4	9	12
1962	19	19	-	-	2	2
1961	32	32	-	-	2	2
1960	34	34	-	-	3	3
1959	723	722	1	21	33	52
1958	351	351	-	5	20	23
1957	18	18	-	-	-	-
1956	564	564	-	31	18	49
1955 and earlier	515	515	-	32	23	56
TOTAL	3,542	3,541	1	135	197	320



## CITY

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	5
Number of Re-inspections	1,257
Total	1,262

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	28,300
(b) Total number of individual pupils found to be infested	111
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	58
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	17

## CITY

## PART II - Defects found by Medical Inspections during the year.

## PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspection				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T	13	6	10	29	-
	O	31	19	28	78	-
Eyes (a) Vision	T	46	63	26	135	-
	O	135	58	75	268	-
(b) Squint	T	11	1	-	12	-
	O	11	-	-	11	-
(c) Other	T	3	-	2	5	2
	O	4	5	2	11	-
Ears (a) Hearing	T	2	2	2	6	-
	O	33	3	10	46	-
(b) Otitis Media	T	7	1	-	8	-
	O	8	4	2	14	-
(c) Other	T	-	-	-	-	-
	O	7	3	2	12	-
Nose and Throat	T	9	2	5	16	-
	O	123	21	31	175	-
Speech	T	10	1	-	11	2
	O	157	3	-	160	-
Lymphatic Glands	T	-	-	-	-	-
	O	18	5	7	30	-
Heart	T	3	-	5	8	-
	O	40	22	17	79	-
Lungs	T	7	2	4	13	-
	O	40	7	9	56	-
Development (a) Hernia	T	7	1	2	10	-
	O	20	5	7	32	-
(b) Other	T	4	4	6	14	-
	O	21	9	20	50	-
Orthopaedic (a) Posture	T	-	2	1	3	-
	O	16	13	11	40	-
(b) Feet	T	10	17	13	40	-
	O	32	17	33	82	-
(c) Other	T	1	-	3	4	-
	O	6	18	8	32	-

## CITY

## PART II - Defects found by Medical Inspections during the year (Continued)

## PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspection				Special Inspections
		Entrants	Leavers	Others	Total	
Nervous System						
(a) Epilepsy	T	-	1	-	1	-
	O	2	2	5	9	-
(b) Other	T	6	-	1	7	-
	O	44	-	11	55	-
Psychological						
(a) Development	T	1	-	1	2	-
	O	12	5	14	31	-
(b) Stability	T	1	1	3	5	-
	O	14	7	11	32	-
Abdomen	T	2	-	-	2	-
	O	12	5	6	23	-
Other	T	-	-	1	1	-
	O	19	16	5	40	-

T = Treatment

O = Observation

## PART III - Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A. - EYE DISEASE, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint.	3
Errors of refraction (including squint)	17
Total	20
Number of pupils for whom spectacles were prescribed	145

## CITY

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsillitis	137
(c) for other nose and throat conditions	57
Received other forms of treatment	-
Total	201
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1970	2
(b) in previous years	22

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	Hospital not able to give figures for City area or for school children separately.
(b) Pupils treated at schools for postural defects	

TABLE D - DISEASES OF THE SKIN

	Number of cases known to have been treated
Ringworm (a) Scalp	-
(b) Body	-
Scabies	2
Impetigo	2
Other skin diseases	-
Total	4

## CITY

TABLE E - CHILD PSYCHIATRIC TREATMENT

	Number of cases known to have been treated
Pupils treated at child Psychiatric Clinics	151

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	297

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	320
(d) Other than (a) (b) and (c) above: Enuresis alarms	40
Total	360

## CITY

## DENTAL INSPECTION AND TREATMENT

INSPECTIONS

	Number of Pupils		
	Inspected	Requiring treatment	Offered treatment
(a) First inspection - school	334	) 1035	) 1001
(b) First inspection - clinic	891	)	)
(c) Re-inspection - school or clinic	260	254	254
Totals	1485	1289	1255

VISITS (for treatment only)

	Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
First visit in the calendar year	357	543	157	1,057
Subsequent visits ... ..	352	1111	310	1,773
Total visits... ..	709	1654	467	2,830

COURSES OF TREATMENT

Additional courses commenced ...	95	127	30	252
Total courses commenced ...	452	670	187	1,309
Courses completed ... ..				371,120

TREATMENT

Fillings in permanent teeth ...	91	822	412	1,325
Fillings in deciduous teeth ...	75	9		84
Permanent teeth filled ... ..	69	626	344	1,039
Deciduous teeth filled ... ..	75	8		83
Permanent teeth extracted ...	30	249	61	340
Deciduous teeth extracted ...	473	269		742
Number of general anaesthetics	166	159	27	352
Number of emergencies ... ..	119	138	28	285

Number of pupils X-rayed ... ..	149
Prophylaxis ... ..	320
Teeth otherwise conserved ... ..	321
Teeth root filled ... ..	-
Inlays ... ..	-
Crowns ... ..	2

## CITY

## DENTAL INSPECTION AND TREATMENT (continued)

ORTHODONTICS

New cases commenced during the year  
 Cases completed during the year  
 Cases discontinued during the year  
 Number of removable appliances fitted  
 Number of fixed appliances fitted  
 Number of pupils referred to Hospital Consultants

37
28
3
49
-
-

DENTURES

Number of pupils fitted with dentures for the first time:-

- (a) with full denture  
 (b) with other dentures

Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
Nil	Nil	Nil	Nil
1	9	6	16

Total

1	9	6	16
---	---	---	----

Number of dentures supplied (first or subsequent time)

1	10	6	17
---	----	---	----

ANAESTHETICS

Number of general anaesthetics administered by Dental Officers

Nil

SESSIONS

	Adminis- trative sessions	Number of clinical sessions worked in the year					Total sessions
		School Service			M. & C.W. Service		
		Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education	
Dental Officers (incl. P.S.D.O.)	Estimated 8.2	3	407	Nil	4	Nil	414
Dental Auxiliariea			Nil	Nil	Nil	Nil	Nil
Dental Hygienists			Nil	Nil	Nil	Nil	Nil
Total	Estimated 8.2	3	407	Nil	4	Nil	414







